Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services

VISN 15

Market Plans

Attention

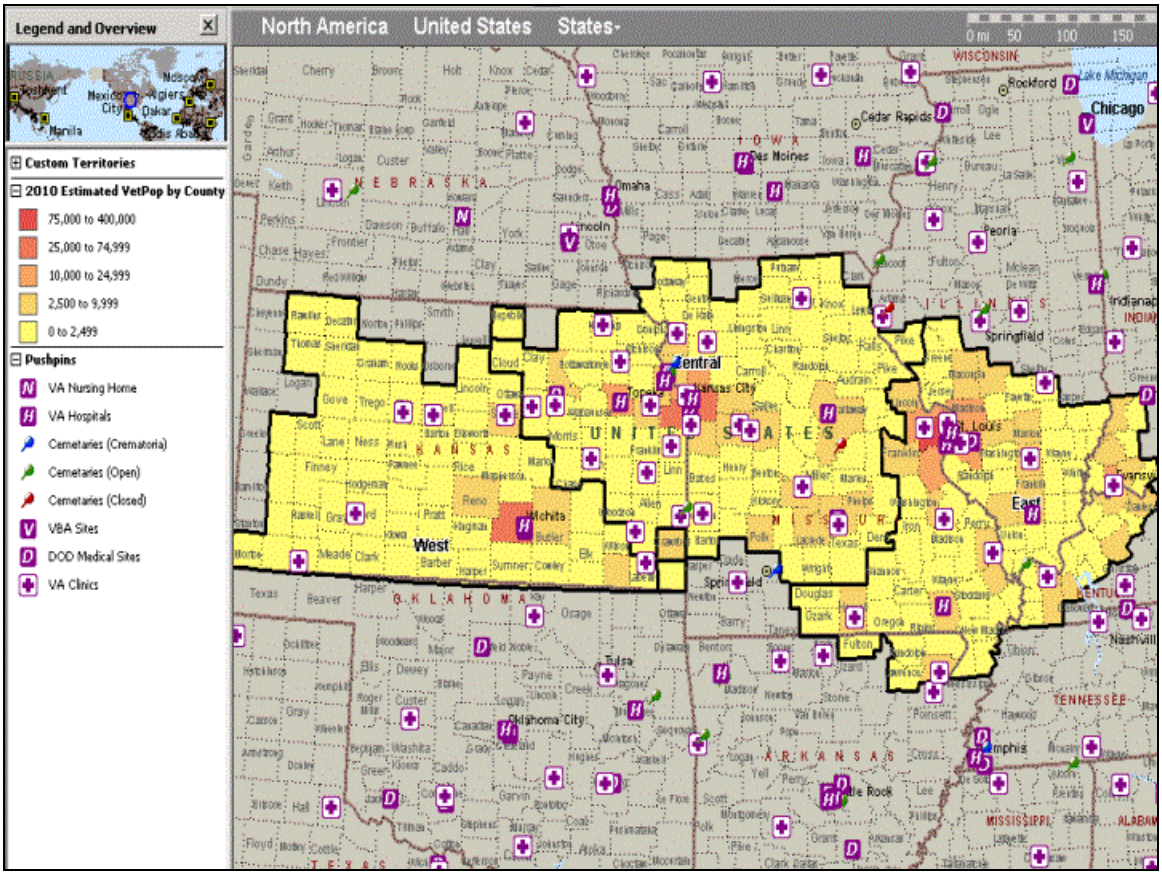
The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

Table of Contents – VISN 15

I. VISN Level Information

A. Description of the Network/Market/Facilities

1. Map of VISN Markets



2. Market Definitions

Market Designation: VISN 15 CARES Steering Committee is proposing 3 CARES Markets:

Market	Includes	Rationale	Shared Counties
Western Code: 15c	Rural and Highly rural counties of western Kansas. 59 Total Counties	The Western Market has Interstate 70 as the main corridor for transportation and consists mainly of rural and highly rural counties. 41% of the 59 counties are designated as highly rural areas. The Western Market has one major populated area - Wichita, Kansas. Wichita currently house the eight largest VAMROC within VHA and has a military based located there. Geographical barriers, distance, travel time, new CBOC opening this summer and current patient utilization patterns were considered when defining market lines. The Wichita medical center is a teaching hospital providing primary, secondary care and extended care services. They currently have CBOCs located in Liberal, Dodge City, Hays and Parsons, KS. The Salina CBOC is scheduled to open in August this year. The Western Market contains 41 hospital beds and 40 nursing home beds.	Eight counties share patients with VISNs 19 and seven counties with VISN 17. Of the seven counties shared with VISN 17,over 50% of the veterans from Grant, Haskell Morton, Seward and Stevens are currently traveling to Amarillo for care. Of the eight counties shared with VISN 19, only Mitchell and Thomas counties indicate over 50% of the veterans are currently receiving the majority of their care at Central Plains. After discussions with VISNs 19 and 17, there are no shared market area issues with this neighboring network to the south and west. During CARES Phase I, there were no shared market issues with VISNs 19 and 17 to the west

Market	Includes	Rationale	Shared Counties
Central Code: 15A	Consists of counties in three states: Eastern Kansas, Western Missouri and one county of Illinois. 105 Total Counties	The Central Market is the second largest veteran populated area of VISN 15. There are three major interstates merging at Kansas City. I-70 running east and west, I-29 running north and south and I-35 running southwest to northeast. The Missouri river also travels through this area. Geographical barriers, distance, travel time, new CBOC opening this summer and current patient utilization patterns were considered when defining market lines. Eighty-two of the 105 counties are designated as rural, eleven highly rural and twelve urban. There are four medical centers located within the boundaries - Kansas City, Topeka and Leavenworth (EKHCS) and Columbia. Kansas City serves as the referral center for the western orbit for VISN 15 and has CBOCs located in Belton, Mo; Nevada, Mo; and Paola, Ks with CBOCs opening this summer in Clinton and Johnson county Missouri. VAMCs Topeka and Leavenworth are consolidated sites and are listed as Eastern Kansas HealthCare System (EKHCS). Leavenworth also houses a National Cemetery and a CMOP. Topeka houses HR Links. EKHCS has CBOCs located at Ablene, Chanute, Emporia, Fort Riley, Fort Scott, Garnett, Holton, Junction City, Lawrence, Russell, Seneca and St Joseph. EKHCS is the long-term psychiatry center for the Network. Leavenworth houses a 178 bed Domiciliary. VAMC Columbia is the open-heart surgery referral center for the Network and provides primary, secondary and extended care. Columbia has CBOCs located in Kirksville, Ft Leonard Wood and the Lake of the Ozarks. The Central Market has 412 hospital beds, 172 nursing home beds, 178 Dom beds and 65 PRRTP beds.	The Central Market shares four counties with VISN 16. Cherokee and Marshall in Kansas and Barton and Cedar in Missouri. Less than 50% of the veterans are traveling to VISN 16 for care. After discussions with VISN 16, there are no shared market area issues with this neighboring network to the south. During CARES Phase I, there were no shared market issues with VISN 16 to the west. . VISN 15 and 16 have not agreed to change counties service lines and would agree to future collaborations with this network for enhancing services and developing hospital coverage in areas where none is available.

Market	Includes	Rationale	Shared Counties
Eastern Code: 15B	Consists of counties in eastern Missouri, western Kentucky, southern Illinois and Indiana and northern Arkansas. 99 Total Counties	The Eastern Market contains the largest veteran population of VISN 15 and consists of 30 counties from Missouri, 17 from Kentucky, eight from Indiana, 39 from Illinois and five from Arkansas. Of the 99 counties of the Eastern Market, five are designated highly rural, eighty-two rural and twelve urban. Three VA medical centers are located in the Eastern Market - ST Louis, MO; Poplar Bluff, MO and Marion, IL. ST Louis is a two-division hospital and is the location of a spinal cord injury unit. In addition they have Dom, nursing home, and provide mental health services for the eastern orbit. Major highway systems include I-70 and I-64. St Louis also house several national program offices. CBOCs located in the Eastern Market include Bellville, IL; St Louis, MO; Effingham, IL; St Charles, MO; Springfield, IL; Cape Girardeau, MO; West Plains, MO; Paragould, AR; Farmington, MO; Salem, MO; Evansville, MO; MT Vernon, IL; Paducah, KY. Geographical barriers, distance, travel time and current utilization patterns were considered when defining market lines. The Eastern market has 275 hospital beds, 50 Dom and 156 nursing home beds.	The Eastern Market shares veterans with VISN 9, VISN 16, VISN 23, VISN 12 and VISN 11. See attached sheet for break out. Of the sixty counties shared, only Morgan county Illinois indicates over 50% are traveling to another VISN for care. After discussions with VISN 9, VISN 16, VISN 23, and VISN 11, there are no shared market area issues with this neighboring network to the north, east and south except VISN 16 During CARES Phase I, there were no shared market issues with VISN 9, VISN 23, VISN 12 and VISN 11.

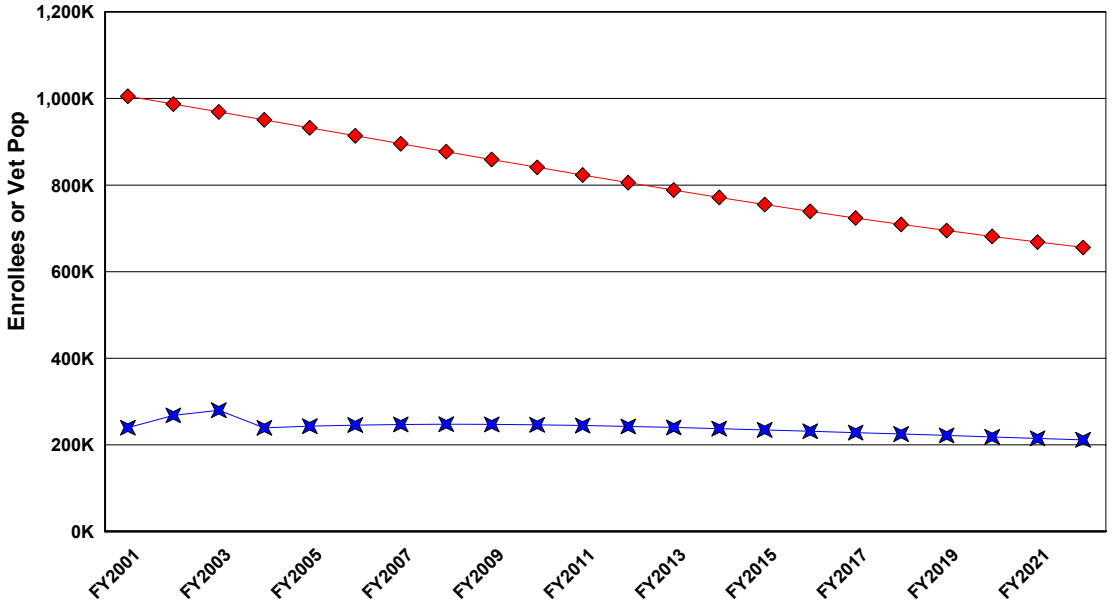
3. Facility List

VISN : 15				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Columbia (MO)				
589A4 Columbia MO	✔	✔	✔	-
589GE Kirksville	✔	-	-	-
589GF Ft Leonard Wood MO	✔	-	-	-
589GH Lake of the Ozarks/Osage Beach	✔	-	-	-
589GX Mexico	✔	-	-	-
589GY St. James	✔	-	-	-
Kansas City				
589 Kansas City	✔	✔	✔	-
589G1 Warrensburg	✔	-	-	-
589G6 Salina (Topeka)	✔	-	-	-
589GB Belton	✔	-	-	-
589GC Louisburg-Paola	✔	-	-	-
589GD Nevada	✔	-	-	-
589GZ Cameron	✔	-	-	-
Leavenworth				
589A6 Leavenworth	✔	✔	-	-
589GI St. Joseph	✔	-	-	-
589GJ Wyandotte Co	✔	-	-	-
Marion (IL)				
657A5 Marion IL	✔	✔	-	-
657GJ Evansville	✔	-	-	-
657GK Mt. Vernon	✔	-	-	-
657GL Paducah	✔	-	-	-
657GM Effingham	✔	-	-	-
Poplar Bluff				
657A4 Poplar Bluff	✔	✔	-	-

657GF West Plains	✔	-	-	-
657GG Paragould	✔	-	-	-
657GH Cape Girardeau	✔	-	-	-
St. Louis - JB				
657A0 St Louis-Jeff Bks.	✔	-	-	-
St. Louis- JC				
657 St Louis-John Cochran	✔	✔	✔	-
657GA Bellville	✔	-	-	-
657GB St. Louis CBOC	✔	-	-	-
657GD St. Charles County	✔	-	-	-
657GE Springfield	✔	-	-	-
657GI Farmington	✔	-	-	-
Topeka				
589A5 Topeka - Colmery-O'Neil	✔	✔	-	-
589GK Abilene KS	✔	-	-	-
589GM Chanute	✔	-	-	-
589GN Emporia	✔	-	-	-
589GO Ft. Riley	✔	-	-	-
589GP Garnett	✔	-	-	-
589GQ Holton	✔	-	-	-
589GR Junction City	✔	-	-	-
589GS Russell	✔	-	-	-
589GT Seneca	✔	-	-	-
589GU Lawrence	✔	-	-	-
589GV Ft. Scott (Bourbon Co.)	✔	-	-	-
Wichita				
589A7 VAMC WICHITA KS	✔	✔	-	-
589G2 Dodge City	✔	-	-	-
589G3 Liberal	✔	-	-	-
589G4 Hays	✔	-	-	-
589G5 Parsons	✔	-	-	-

4. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

Effective Use of Resources		
PI?	**Issue**	**Rationale/Comments Re: PI**
Y	Small Facility Planning Initiative	Poplar Bluff is projected to require fewer than 40 beds.
Y	Proximity 60 Mile Acute	Leavenworth and Kansas City fell within a 60 mile radius.
N	Proximity 120 Mile Tertiary	No facility fell within the proximity gap.
Y	Vacant Space	All VISNs are to develop plans to reduce vacant space by 10% in 2004 and 30% by 2005.

b. Special Disabilities

Special Disabilities Programs		
PI?	**Collaborative Opportunities**	**Rationale/Comments**
N	Blind Rehabilitation	VISN is encouraged to establish a Visual Impairment Services Outpatient Program (VISOR) staffed by Blind Rehabilitation Outpatient Specialists and low vision specialists. In addition, plan for low vision care clinics at tertiary facilities.
N	Spinal Cord Injury and Disorders	No recommendations received from the Spinal Cord Injury & Disorders Strategic Health Care Group.

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	**Collaborative Opportunities**	**Rationale/Comments**
Y	Enhanced Use	Adaptive reuse for independent assisted living at Leavenworth and a parking garage at St. Louis JC.
Y	VBA	VBA opportunity for St. Louis J.B. has been identified.
Y	NCA	There are potential NCA opportunities for VISN 15 in Leavenworth and St. Louis that are under review and analysis.
Y	DOD	1. Central Market: for Fort Leavenworth and Fort Riley for inpatient mental health services at Topeka and Leavenworth and concerns with Meninger health services moving out of Kansas. 2. East Market: for Scott AFB for shared services with St. Louis and Marion (inpatient and outpatient). 3. Central Market: for Whiteman AFB to coordinate care with Kansas City.

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	**Other Issues**	**Rationale/Comments**
Y	Facility Conditions	Major infrastructure issues compromise operational viability at Kansas City, Columbia, and St. Louis JB
Y	Inter-VISN Specialty Care Referrals	Future planning may include joint efforts by both VISN 15 and 16 to optimize specialty care referrals. Future mission changes may impact this.

e. Market Capacity Planning Initiatives

Central Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	134,320		57,987	**43%**	48,425	**36%**
	Treating Facility Based **	231,558		183,924	**79%**	119,595	**52%**
Specialty Care	Population Based *	125,444		130,712	**104%**	137,560	**110%**
	Treating Facility Based **	196,312		209,689	**107%**	166,278	**85%**
Psychiatry	Population Based *	23,349		6,744	**29%**	1,641	**7%**
	Treating Facility Based **	70,810		(4,737)	**-7%**	(12,420)	**-18%**

East Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	270,117		136,243	**50%**	55,770	**21%**
	Treating Facility Based **	271,502		120,900	**45%**	44,815	**17%**
Specialty Care	Population Based *	228,679		195,798	**86%**	130,314	**57%**
	Treating Facility Based **	215,945		195,762	**91%**	133,709	**62%**

West Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	55,814		38,897	**70%**	24,121	**43%**
	Treating Facility Based **	56,384		33,935	**60%**	19,707	**35%**
Specialty Care	Population Based *	36,882		66,235	**180%**	54,614	**148%**
	Treating Facility Based **	34,013		63,920	**188%**	52,919	**156%**

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

CARES has been perceived positively throughout VISN 15 with few stakeholder issues. Comments received from stakeholders support the concept of providing access and medical services to veterans when and where services are needed. The Road Trips (Dates) presentations made CARES a priority, addressing key issues proactively.The VISN 15 Eastern Market,(Central) began efforts of outreach communication to key stakeholders on the CARES planning initiative in August 2002 continuing through the present. Communication has been consistent throughout VISN 15 facilities with monthly communication to employees through presentations at Town Hall Meetings, employee newsletters, CARES brochures, video presentations, and presentations at local bargaining unit meetings. Communication with external stakeholders, including VSO's, Affiliates, community health care officials, and Congressional representatives has been done throughout this time period at monthly meetings, personal presentations, and provision of CARES informational packets. Many VISN 15 facilities have experienced significant growth, with more growth projected, this alone has decreased concern with closures, lost jobs, and negative impacts of the CARES initiative. Poplar Bluff VAMC is the exception in the Eastern Market of VISN 15. This facility has been identified for small facility analysis, a potentially volatile issue with stakeholders. It is the recommendation of the Eastern Market and the VISN to retain the inpatient program. The retention of the inpatient program and growth of specialty has been well received by stakeholders. (Conclusion)As a result of effective communication throughout VISN 15, input from key stakeholders has been minimal, and positive. No changes in Market operations were necessary based on key stakeholder input, with no impact on CARES criteria anticipated.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

Columbia/ Kansas City
Referral patterns from facilities in VISN 16 (located south of VISN 15 and service areas for Kansas City and Columbia) were adopted as reflected in the IBM model

allocations for Specialty Care workload without modification. VISN 15 and 16 accepted the embedded historic workload projections.
Opportunities for Specialty Care workload collaborative efforts will continue to be explored in future CARES cycles. No major realignment or mission changes have been proposed in this cycle.

Poplar Bluff
CARES identified Poplar Bluff as having shared market issues with VISN 9, specifically Memphis VAMC. Specialty Care workload areas include Cardiac care and Orthopedics.

The patient population, in this geographic area, historically has demonstrated a preference to seek Specialty Care from the Memphis VAMC rather than commute to St. Louis, MO. Poplar Bluff VAMC and Memphis VAMC have two CBOCs in close proximity, in Paragould, AR and in Jonesboro, AR. There has not been any discussion regarding shared market issues. Over the years Memphis VAMC has accepted Poplar Bluff VAMC referrals, however, recently their ability to accept referrals has declined for Cardiac care and Orthopedics. Opportunities for Specialty Care workload collaborative efforts will continue to be explored in future CARES cycles. No major realignment or mission changes have been proposed in this cycle.

B. Resolution of VISN Level Planning Initiatives

1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Proximity Narrative:

VAMC Leavenworth is within a 60-mile proximity radius of VAMC Kansas City; the two facilities have completely different missions and provide different levels of services. One is a tertiary care referral center, while the other provides primary care and long-term care. Realignment of workload from Leavenworth to Kansas City would exceed current capacity. Elimination of inpatient and outpatient primary care capabilities at Leavenworth would seriously undermine continuity of care for the remaining long-term care patients, reduce timely access to care, hinder its ability to provide ongoing support to the DoD facility located at Ft. Leavenworth and would have a strong negative impact on the city of Leavenworth and result in major local, state, and national Veteran Service Organization and political resistance. An alternative to eliminate all duplicative services between Kansas City and Leavenworth was considered and dismissed. Instead, we chose to maintain the current array of clinical programs at both sites with selected realignments of psychiatry, nursing home care and primary care between the three campuses. Quality of care is high. This is demonstrated through JCAHO accreditation, National Committee on Quality Assurance (NCQA) scores and VHA performance measure scores.

2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Your analysis should include the following:

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
    - SCI
    - Blind Rehab
    - SMI
    - TBI
    - Substance Abuse
    - Homeless
    - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

Special Disability Narrative:

No Impact

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

The CARES Facility Condition Assessment identified infrastructure issues associated with three critical systems required to sustain continuity of operations in buildings housing inpatient care. These are: chilled water, steam, and electrical distribution systems. These systems were also prioritized above all other systems because failure to address them, within the next 36 months, could compromise the continuity of operations. Three sites are impacted: 1) St. Louis Jefferson Barracks, 2) Columbia, MO, and 3) Kansas City, MO. Since CARES workload projections identified additional demand for services at all three sites, this information was utilized in the formulation of options during the workload/space allocation and management planning activities. Cost effectiveness and use of resources was also considered in the development of options for replacement, renovation, donation or demolition. Separate electrical studies have been commission by VACO Facilities Management for Columbia and Kansas City. The estimated correction cost for the three sites is $20M+. Detailed discussion and analysis is included in the facility narratives.

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

	BDOC Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	83,736	115,494	88,992	107,789	7,774	87,801	1,239	$ 7,712,196
Surgery	31,918	38,922	29,375	31,505	7,436	26,768	2,622	$ 6,073,215
Psychiatry	88,225	93,467	78,004	80,368	13,549	75,362	2,981	$ 89,794,368
PRRTP	8,189	8,189	8,189	8,189	1,923	8,189	1,923	$ (3,882,291)
NHCU/Intermediate	487,913	487,913	487,913	146,510	341,403	146,510	341,403	$ (492,791,630)
Domiciliary	81,677	81,677	81,677	81,677	-	81,677	-	$ (5,090)
Spinal Cord Injury	9,259	9,259	9,259	9,259	-	9,259	-	$ (2,083,125)
Blind Rehab	-	-	-	-	-	-	-	$ -
Total	**790,917**	**834,922**	**783,409**	**465,297**	**372,085**	**435,566**	**350,168**	**$ (395,182,357)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	172,692	252,282	194,428	242,241	197,300	$ 7,712,196
Surgery	46,471	65,608	49,693	61,315	51,729	$ 6,073,215
Psychiatry	94,460	200,027	166,378	171,818	162,585	$ 89,794,368
PRRTP	41,737	70,811	70,811	58,551	58,551	$ (3,882,291)
NHCU/Intermediate	202,993	205,086	205,086	295,990	295,990	$ (492,791,630)
Domiciliary	92,756	92,782	92,782	102,096	102,096	$ (5,090)
Spinal Cord Injury	34,761	41,464	41,464	47,922	47,922	$ (2,083,125)
Blind Rehab	-	-	-	-	-	$ -
Total	**685,870**	**928,061**	**820,642**	**979,933**	**916,173**	**$ (395,182,357)**

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	559,442	898,201	743,558	818,224	79,982	690,427	53,135	$ (29,899,581)
Specialty Care	446,268	915,639	799,174	805,117	110,526	717,345	81,834	$ (82,955,464)
Mental Health	363,051	411,452	368,339	395,550	15,907	362,370	5,973	$ (28,495,795)
Ancillary& Diagnostic	693,243	1,092,864	999,470	919,699	198,907	863,416	156,314	$ (100,964,844)
Total	**2,062,005**	**3,318,157**	**2,910,542**	**2,938,590**	**405,322**	**2,633,558**	**297,256**	**$ (242,315,684)**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	183,878	482,645	400,786	466,779	397,140	$ (29,899,581)
Specialty Care	404,337	1,153,710	1,010,747	1,070,075	957,600	$ (82,955,464)
Mental Health	148,644	226,341	202,591	223,023	204,251	$ (28,495,795)
Ancillary& Diagnostic	331,183	706,024	646,170	621,943	584,865	$ (100,964,844)
Total	**1,068,042**	**2,568,720**	**2,260,294**	**2,381,820**	**2,143,856**	**$ (242,315,684)**

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	160,323	160,323	160,323	69,782	69,782	$ (3,025,824)
Admin	1,229,999	2,361,096	2,088,297	1,264,999	1,264,999	$ (11,495,293)
Outleased	320,488	320,488	320,488	338,488	373,488	N/A
Other	227,066	227,066	227,066	227,066	243,781	$ (1,166,454)
Vacant Space	819,050	-	-	371,253	435,053	$ 229,803,985
Total	**2,756,926**	**3,068,973**	**2,796,174**	**2,271,588**	**2,387,103**	**$ 214,116,414**

II. Market Level Information

A. Central Market

1. Description of Market

a. Market Definition

Market	Includes	Rationale	Shared Counties
Central Code: 15A	Consists of counties in three states: Eastern Kansas, Western Missouri and one county of Illinois. 105 Total Counties	The Central Market is the second largest veteran populated area of VISN 15. There are three major interstates merging at Kansas City. I-70 running east and west, I-29 running north and south and I-35 running southwest to northeast. The Missouri river also travels through this area. Geographical barriers, distance, travel time, new CBOC opening this summer and current patient utilization patterns were considered when defining market lines. Eighty-two of the 105 counties are designated as rural, eleven highly rural and twelve urban. There are four medical centers located within the boundaries - Kansas City, Topeka and Leavenworth (EKHCS) and Columbia. Kansas City serves as the referral center for the western orbit for VISN 15 and has CBOCs located in Belton, Mo; Nevada, Mo; and Paola, Ks with CBOCs opening this summer in Clinton and Johnson county Missouri. VAMCs Topeka and Leavenworth are consolidated sites and are listed as Eastern Kansas HealthCare System (EKHCS). Leavenworth also houses a National Cemetery and a CMOP. Topeka houses HR Links. EKHCS has CBOCs located at Ablene, Chanute, Emporia, Fort Riley, Fort Scott, Garnett, Holton, Junction City, Lawrence, Russell, Seneca and St Joseph. EKHCS is the long-term psychiatry center for the Network. Leavenworth houses a 178 bed Domiciliary. VAMC Columbia is the open-heart surgery referral center for the Network and provides primary, secondary and extended care. Columbia has CBOCs located in Kirksville, Ft Leonard Wood and the Lake of the Ozarks. The Central Market has 412 hospital beds, 172 nursing home beds, 178 Dom beds and 65 PRRTP beds.	The Central Market shares four counties with VISN 16. Cherokee and Marshall in Kansas and Barton and Cedar in Missouri. Less than 50% of the veterans are traveling to VISN 16 for care. After discussions with VISN 16, there are no shared market area issues with this neighboring network to the south. During CARES Phase I, there were no shared market issues with VISN 16 to the west. . VISN 15 and 16 have not agreed to change counties service lines and would agree to future collaborations with this network for enhancing services and developing hospital coverage in areas where none is available.

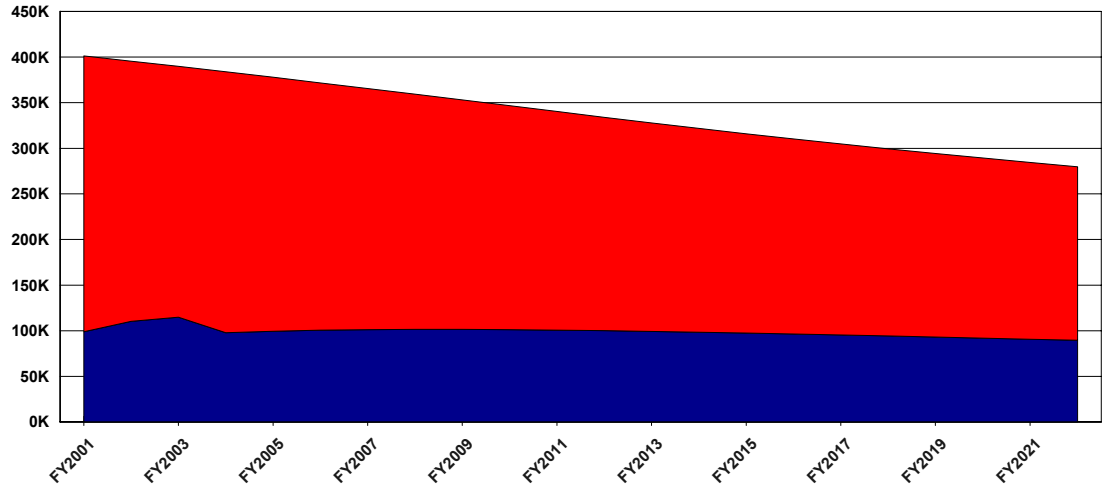
b. Facility List

VISN : 15				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Columbia (MO)				
589A4 Columbia MO	✔	✔	✔	-
589GE Kirksville	✔	-	-	-
589GF Ft Leonard Wood MO	✔	-	-	-
589GH Lake of the Ozarks/Osage Beach	✔	-	-	-
589GX Mexico	✔	-	-	-
589GY St. James	✔	-	-	-
Kansas City				
589 Kansas City	✔	✔	✔	-
589G1 Warrensburg	✔	-	-	-
589G6 Salina (Topeka)	✔	-	-	-
589GB Belton	✔	-	-	-
589GC Louisburg-Paola	✔	-	-	-
589GD Nevada	✔	-	-	-
589GZ Cameron	✔	-	-	-
Leavenworth				
589A6 Leavenworth	✔	✔	-	-
589GI St. Joseph	✔	-	-	-
589GJ Wyandotte Co	✔	-	-	-
Topeka				
589A5 Topeka - Colmery-O'Neil	✔	✔	-	-
589GK Abilene KS	✔	-	-	-
589GM Chanute	✔	-	-	-
589GN Emporia	✔	-	-	-
589GO Ft. Riley	✔	-	-	-
589GP Garnett	✔	-	-	-
589GQ Holton	✔	-	-	-
589GR Junction City	✔	-	-	-
589GS Russell	✔	-	-	-

589GT Seneca	✔	-	-	-
589GU Lawrence	✔	-	-	-
589GV Ft. Scott (Bourbon Co.)	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Central Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	74% with access				
N	Access to Hospital Care	79% with access				
N	Access to Tertiary Care	100% with access				
Y	Specialty Care Outpatient Stops	Population Based	206,772	110%	163,786	87%
		Treating Facility Based	209,692	107%	166,279	85%
Y	Primary Care Outpatient Stops	Population Based	181,049	81%	117,614	53%
		Treating Facility Based	183,925	79%	119,596	52%
Y	Psychiatry Inpatient Beds	Population Based	-11	-7%	-30	-19%
		Treating Facility Based	-15	-7%	-40	-18%
N	Medicine Inpatient Beds	Population Based	30	25%	-2	-1%
		Treating Facility Based	32	25%	-1	-1%
N	Surgery Inpatient Beds	Population Based	7	16%	-5	-10%
		Treating Facility Based	6	13%	-6	-13%
N	Mental Health Outpatient Stops	Population Based	N/A	N/A	N/A	N/A
		Treating Facility Based	N/A	N/A	N/A	N/A

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

There were numerous opportunities for stakeholder involvement in the development of this plan. VISN 15 executive leadership conducted stakeholder briefing and employee town hall meetings at each of the medical centers. CARES Market newsletters were developed and widely distributed to stakeholders. Countless other written materials have been shared and distributed about CARES and the proposed actions to address CARES issues. Many other briefings and presentations have been provided throughout the market area in order to enhance stakeholder understanding of the CARES process and to encourage feedback. Significant communication efforts with stakeholders through the Integration Advisory Council have been made at the Eastern Kansas Health Care System concerning the previously mentioned right sizing project that impacts several CARES issues and council endorsement was obtained. Other kinds of stakeholder feedback have been mostly positive comments indicating general understanding and support of the process.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Columbia/ Kansas City
Referral patterns from facilities in VISN 16 (located south of VISN 15 and service areas for Kansas City and Columbia) were adopted as reflected in the IBM model allocations for Specialty Care workload without modification. VISN 15 and 16 accepted the embedded historic workload projections. Opportunities for Specialty Care workload collaborative efforts will continue to be explored in future CARES cycles. No major realignment or mission changes have been proposed in this cycle.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Central Market of VISN 15 has the second largest veteran population in the network with a current estimated veteran population of 401,257. The geographic area covers 105 counties in three states (Kansas, Missouri and Illinois) with the following categorization: 82 rural counties, 11 highly rural counties and 12 urban counties. The market is served by VA medical centers in Kansas City and Columbia, Missouri; and Leavenworth and Topeka, Kansas (the Eastern Kansas Health Care System).

The National CARES Planning Office (NCPO) identified three capacity Planning Initiatives - outpatient primary care, outpatient specialty care and inpatient psychiatry - for this market. For primary care, the projected increased demand will be addressed by new construction, renovation of existing space, increased utilization of VA community clinics, one additional community clinic in Jefferson City, Missouri, and more reliance on contract services. For specialty care, the projected increased demand will be addressed by significant new construction, renovation of existing space and more reliance on contract services. For psychiatry services, the projected decrease in demand will be addressed by workload reallocation from the Western Market to the Central Market (Topeka) as well as accepting workload from DoD installations. In addition to these capacity PI's, each market facility developed scenarios to manage workload and space for all appropriate CARES categories as reflected in the IBM model submissions.

Other issues addressed in the market plan include (1) proximity of facilities at Leavenworth and Kansas City; (2) vacant space at the medical centers; (3) enhanced use potential at Leavenworth; (4) National Cemetery Administration (NCA) expansion at Leavenworth; (5) Department of Defense collaboration with market area DoD installations; (6) long term care in the market; and (7) infrastructure needs at Kansas City and Columbia. The proximity concern will be addressed by shifting specialty care workload from Leavenworth to Kansas City and primary care workload from Kansas City to Leavenworth as well as emphasizing the significant differences in the two facilities. Vacant space will be addressed at medical centers through renovation of existing space in order to manage anticipated workload. A right sizing project at Leavenworth, approved separate from the CARES process, will address the vacant space issue, the enhanced use potential and the NCA expansion. DoD collaboration will be addressed by continuing existing collaborative activities between the Eastern Kansas Health Care System and Fort Leavenworth and Fort Riley. Long term

care was not addressed other than to accept the IBM workload projections that were straight lined throughout the entire CARES cycle. Theinfra-structure issues were factored into the development of vacant space strategies as well as being addressed in other CARES workload management scenarios. However, separate contingency plans have been developed outside the CARES process. The Central Market plan addressed the projected changes in workload demand through a wide variety of proposed actions that make up the preferred alternatives reflected in the IBM model and the accompanying narratives. The narratives address the impact of the proposed actions on the following planning criteria: (1) health care quality and need; (2) safety and environment; (3) impact on research and academic affairs; (4) impact on staffing and community; (5) optimizing use of resources; and (6) support of other VA missions. There are many linkages between the Central Market plan and the plans of the other two markets within VISN 15. Referal patterns from facilities in VISN 16 (located to the south of VISN 15 and service areas for Kansas City and Columbia), were adopted as reflected in the IBM model allocations for specialty care workload without modification.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

VISN 15 tentatively plans to establish a new CBOC in leased space in Jefferson City, Missouri. This CBOC is planned for 2005 and would be a subsidiary of the Columbia VAMC. No other new facilities are proposed for this Market at this time. NOTE: This CBOC has not been added as a new facility in the IBM Market Planning Application.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**72%**	27,668	**77%**	23,014	**79%**	18,809
Hospital Care	**79%**	20,751	**82%**	18,011	**83%**	15,227
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care:	Urban & Rural Counties – 30 minutes drive time Highly Rural Counties– 60 minutes drive time
Hospital Care:	Urban Counties – 60 minutes drive time Rural Counties – 90 minutes drive time Highly Rural Counties – 120 minutes drive time
Tertiary Care:	Urban & Rural Counties – 4 hours Highly Rural Counties – within VISN

3. Facility Level Information – Columbia (MO)

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

There is an active collaboration between Fort Leonard Wood, the VBA Regional Office and VAMC Columbia to perform discharge physical exams that serve as baseline exams for the VA's C&P program. This activity has been fully operational since FY2000. VAMC Columbia also provides inpatient psychiatry services to active duty personnel as the need arises and if there is excess capacity at the medical center. Ongoing discussions have been conducted over the years to explore other possible collaborations. However, logistical considerations such as distance between facilities have minimized the viability of additional collaborations.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The volume of projected inpatient and outpatient workload for VAMC Columbia will increase during the CARES planning cycle with increases of nearly 100 percent in Primary Care and more than 100 percent in Specialty Care. The current space associated with Surgery is approximately 50% below recognized space criteria and has resulted in Code and JCAHO deficiencies. Surgical suite electrical systems recently received minor upgrades because their power capacity was being exceeded during procedures. This electrical system remains woefully undersized and can only be corrected through major construction due to existing space constraints. Electrical and air handling distribution systems for the entire facility are a part of the original infrastructure and are in need of replacement in order to sustain current and future operations and workload. Electrical upgrades and replacements are necessary to comply with current National Electric Code (NEC) requirements and to meet future patient needs. Most of the major electrical equipment is 30 + years old and in need of replacement. Equipment needing to be replaced includes the primary pad mounted transformers, dry type distribution transformers, motor control centers, transfer switches, emergency generator controls, and the emergency power switchgear. Currently, NEC configuration requirements for the separation of emergency power into life safety, critical, and equipment branches are not being met. Most air handling equipment, which is about 30 years old, is obsolete and in need of replacement in the near

future to maintain comfort and the required air exchanges in the hospital environment.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	10,954	2,802	10,955	2,803	-	-	-	-	-	-	10,955	$ (463,015)
Surgery	4,698	(288)	4,699	(287)	1,499	-	-	-	-	-	3,200	$ 3,194,564
Intermediate/NHCU	66,896	-	66,896	-	52,848	-	-	-	-	-	14,048	$ -
Psychiatry	3,911	1,152	3,911	1,152	-	-	-	-	-	-	3,911	$ (49,785)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**86,459**	**3,666**	**86,461**	**3,668**	**54,347**	**-**	**-**	**-**	**-**	**-**	**32,114**	**$ 2,681,764**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	116,812	48,750	116,812	48,751	9,929	-	-	-	-	-	106,883	$ 5,796,378
Specialty Care	107,654	49,915	107,655	49,916	-	-	-	-	-	-	107,655	$ 2,166,395
Mental Health	25,092	1,489	25,093	1,490	-	-	-	-	-	-	25,093	$ (2,013,971)
Ancillary & Diagnostics	108,428	35,599	108,429	35,599	45,931	-	-	-	-	-	62,498	$ (16,410,720)
Total	**357,987**	**135,753**	**357,989**	**135,756**	**55,860**	**-**	**-**	**-**	**-**	**-**	**302,129**	**$ (10,461,918)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	33,496	3,169	34,180	3,853	30,327	-	-	-	-	-	30,327	(3,853)
Surgery	9,062	3,877	6,496	1,311	5,185	-	-	-	-	-	5,185	(1,311)
Intermediate Care/NHCU	14,764	-	25,146	10,382	14,764	-	-	-	-	-	14,764	(10,382)
Psychiatry	8,917	1,269	8,917	1,269	7,648	600	-	-	-	-	8,248	(669)
PRRTP	-	(6,928)	-	(6,928)	6,928	-	-	-	-	-	6,928	6,928
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**66,239**	**1,387**	**74,739**	**9,887**	**64,852**	**600**	**-**	**-**	**-**	**-**	**65,452**	**(9,287)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	57,787	32,541	54,510	29,264	25,246	-	6,000	-	19,497	-	50,743	(3,767)
Specialty Care	149,856	85,208	156,100	91,452	64,648	-	61,500	-	-	-	126,148	(29,952)
Mental Health	15,869	2,982	17,063	4,176	12,887	-	-	-	300	-	13,187	(3,876)
Ancillary and Diagnostics	73,905	38,467	44,374	8,936	35,438	-	-	-	-	-	35,438	(8,936)
Total	**297,417**	**159,198**	**272,047**	**133,828**	**138,219**	**-**	**67,500**	**-**	**19,797**	**-**	**225,516**	**(46,531)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(46,154)	26,625	(19,529)	46,154	-	-	-	-	-	46,154	19,529
Administrative	225,395	87,908	137,487	-	137,487	-	-	-	-	-	137,487	-
Other	21,764	-	21,764	-	21,764	-	-	-	-	-	21,764	-
Total	**247,159**	**41,754**	**185,876**	**(19,529)**	**205,405**	**-**	**-**	**-**	**-**	**-**	**205,405**	**19,529**

4. Facility Level Information – Kansas City

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

Kansas City is within the 60-mile proximity radius of Leavenworth; the two facilities have completely different missions and provide different levels of services. One is a tertiary care referral center, while the other provides primary care and long-term care. Realignment of workload from Leavenworth to Kansas City would exceed current capacity. Elimination of inpatient and outpatient primary care capabilities at Leavenworth would seriously undermine continuity of care for the remaining long-term care patients, reduce timely access to care, hinder its ability to provide ongoing support to the DoD facility located at Ft. Leavenworth and would have a strong negative impact on the city of Leavenworth and result in major local, state, and national Veteran Service Organization and political resistance. An alternative to eliminate all duplicative services between Kansas City and Leavenworth was considered and dismissed. Instead, we chose to maintain the current array of clinical programs at both sites with selected realignments of psychiatry, nursing home care and primary care between the three campuses. Quality of care is high. This is demonstrated through JCAHO accreditation, National Committee on Quality Assurance (NCQA) scores and VHA performance measure scores.

(Full text and data support analysis in CARES PORTAL)

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

VAMC has in place a collaborative relationship with Whiteman Air Force Base. In 1999 VA and DoD officials worked in concert to establish a Community Based Outpatient Clinic on the Base. However, with the rise in terrorist activities in 2001 steps had to be taken to increase security on this base as it is the home of the B-2 bombers. Effectively the CBOC was closed after the September 11 attacks. There remained a need by DoD for additional Primary Care and Laboratory support. Further discussions with DoD officials have resulted in agreements whereby additional Primary Care support will be provided through the new CBOC established to replace the one closed at Whiteman, located at the Warrensburg State Veterans Home (approximately 12 miles west of Whiteman). In addition, discussions are continuing to provide all of the requested Laboratory support through VAMC Kansas City. It is anticipated that discussions on both of these areas of support will come to fruition during calendar year 2003.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The volume of projected inpatient and outpatient workload for VAMC Kansas City will increase during the CARES planning cycle with increases of nearly 100 percent in Primary Care and more than 100 percent in Specialty Care. The proposed strategy utilizes all existing facilities and includes 223,000 square feet of new construction to address the increased workload projected for 2022. Thus the medical center will continue to depend on the ability of the existing electrical distribution system to sustain continuity of operations in buildings housing inpatient and outpatient care. Unfortunately, both the primary and secondary electrical distribution systems have exceeded their life expectancy. Parts are no longer available and must be custom made when failures occur. In addition, the secondary distribution system is overloaded. Failure of either system requires of minimum of four weeks to correct and could result in the loss of power to the entire medical center. Kansas City is a tertiary care referral center for the Central Market with an increasing emphasis on their Surgery and Specialty Care programs. Based on the information available, Kansas City VAMC plan is to retrofit/upgrade the primary electrical distribution system and to replace the secondary electrical distribution system. Ensuring continuity of operations is essential to the mission of the facility and for providing a safe and code compliant healthcare environment.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Medicine	25,300	6,416	25,301	6,417	622	-	-	-	-	-	24,679	$	681,799
Surgery	10,118	3,092	10,119	3,093	936	-	-	-	-	-	9,183	$	(1,688,227)
Intermediate/NHCU	58,461	-	58,461	-	57,292	-	-	-	-	-	1,169	$	-
Psychiatry	18,549	(791)	18,549	(791)	167	-	-	-	-	-	18,382	$	(3,036,702)
PRRTP	35	-	35	-	-	-	-	-	-	-	35	$	-
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$	-
Total	**112,463**	**8,717**	**112,465**	**8,719**	**59,017**	**-**	**-**	**-**	**-**	**-**	**53,448**	**$**	**(4,043,130)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Primary Care	145,791	64,697	115,792	34,698	4,504	-	-	-	-	-	111,288	$	68,967,380
Specialty Care	155,474	79,829	187,450	111,806	16,500	-	-	-	-	-	170,950	$	(65,913,713)
Mental Health	56,187	1,491	56,187	1,491	1,865	-	-	-	-	-	54,322	$	(1,682,300)
Ancillary & Diagnostics	186,598	91,775	186,599	91,776	15,113	-	-	-	-	-	171,486	$	(18,083,270)
Total	**544,050**	**237,793**	**546,028**	**239,771**	**37,982**	**-**	**-**	**-**	**-**	**-**	**508,046**	**$**	**(16,711,903)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	51,574	12,721	51,332	12,479	38,853	9,889	-	-	-	-	48,742	(2,590)
Surgery	18,325	5,667	18,274	5,616	12,658	7,000	-	-	-	-	19,658	1,384
Intermediate Care/NHCU	2,093	2,093	2,093	2,093	-	-	-	-	-	-	-	(2,093)
Psychiatry	29,749	21,372	29,779	21,402	8,377	26,194	-	-	-	-	34,571	4,792
PRRTP	26,444	-	250	(26,194)	26,444	-	-	-	-	-	26,444	26,194
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**128,184**	**41,852**	**101,728**	**15,396**	**86,332**	**43,083**	**-**	**-**	**-**	**-**	**129,415**	**27,687**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	72,779	51,033	57,870	36,124	21,746	8,483	29,230	-	18,614	-	78,073	20,203
Specialty Care	214,165	116,062	247,878	149,775	98,103	49,295	99,240	-	-	-	246,638	(1,240)
Mental Health	29,976	9,673	29,877	9,574	20,303	6,500	-	-	1,000	-	27,803	(2,074)
Ancillary and Diagnostics	121,028	71,552	118,325	68,849	49,476	2,071	94,716	-	-	-	146,263	27,938
Total	**437,949**	**248,321**	**453,950**	**264,322**	**189,628**	**66,349**	**223,186**	**-**	**19,614**	**-**	**498,777**	**44,827**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(49,328)	16,081	(33,247)	49,328	-	-	-	-	-	49,328	33,247
Administrative	258,493	122,363	136,130	-	136,130	-	-	-	-	-	136,130	-
Other	34,698	-	34,698	-	34,698	-	-	-	-	-	34,698	-
Total	**293,191**	**73,035**	**186,909**	**(33,247)**	**220,156**	**-**	**-**	**-**	**-**	**-**	**220,156**	**33,247**

5. Facility Level Information – Leavenworth

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

Leavenworth is within the 60-mile proximity radius of Kansas City; the two facilities have completely different missions and provide different levels of services. One is a tertiary care referral center, while the other provides primary care and long-term care. Realignment of workload from Leavenworth to Kansas City would exceed current capacity. Elimination of inpatient and outpatient primary care capabilities at Leavenworth would seriously undermine continuity of care for the remaining long-term care patients, reduce timely access to care, hinder its ability to provide ongoing support to the DoD facility located at Ft. Leavenworth and would have a strong negative impact on the city of Leavenworth and result in major local, state, and national Veteran Service Organization and political resistance. An alternative to eliminate all duplicative services between Kansas City and Leavenworth was considered and dismissed. Instead, we chose to maintain the current array of clinical programs at both sites with selected realignments of psychiatry, nursing home care and primary care between the three campuses. Quality of care is high. This is demonstrated through JCAHO accreditation, National Committee on Quality Assurance (NCQA) scores and VHA performance measure scores.

(Full text and data support analysis in CARES PORTAL)

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Leavenworth currently provides support to Fort Leavenworth Army Base Base and to local reserve and guard units through DoD Sharing agreements and Tricare. This care is provided within existing space and assets. There is no expected change in the level of services provided under the CARES initiatives.

This relationship will have no effect on the safety or environment of care in Leavenworth. The workload through sharing can be absorbed within the current and projected space capacity.

No impact is anticipated on Research or Residency programs.
DoD beneficiaries will continue to have availability to care under sharing agreements
Since workload can be absorbed within the current and projected space capacity, no impact on the community or staffing is projected.

The workload allocations for Specialty Care, Mental Health, and Psychiatry developed in the market plan supports and secures collaborative opportunities with Fort Riley and ensures the coordination of resources between DoD and VA, thus supports the VA mission as backup to DoD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

This would be accomplished through the use of an Enhanced Use Lease Project coordinated through the Offices of National Cemetery Administration, VHA Facilities Management, and Office Asset Enterprise Management, Historiin Washington D.C. All parties involved in this endeavor agreed that if a commercial developer can save the buildings using their funds for both renovations and maintenance, the collaborative effort would (1) expand the Leavenworth National Cemetery without the need to purchase or lease additional land and ensure there are sufficient gravesites until 2024 and (2) shift VA resources from maintenance of vacant buildings to health care for veterans.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

In FY2000, a unique opportunity presented itself when the National Cemetery Administration (NCA), which has a National Cemetery adjacent to VAMC Leavenworth, needed additional gravesites to handle the increasing veteran burial demand. The Leavenworth facility had the ability to provide the land necessary for the cemetery expansion by demolishing vacant buildings. A major construction project was submitted and Congress approved the project called

"Facility Right Sizing and Gravesite Development Project" #897-015 called for the demolition of 39 vacant buildings (37 are historic) to provide land for gravesite and columbarium development at a cost of $11.9 million ($5 million for demolition and $6.9 million for gravesite development). However, the proposed demolition of 37 historic buildings required VA to mitigate the adverse effects based upon the National Historic Preservation Act of 1966, section 106. Through several consultative meetings with historic groups in Kansas and the general public it was decided to allow commercial developers to reuse the buildings. This would be accomplished through the use of an Enhanced Use Lease Project coordinated through the Enhanced Use Office in Washington D.C. All parties involved in this endeavor agreed that if a commercial developer can save the buildings using their funds for both renovations and maintenance, the collaborative effort would (1) expand the Leavenworth National Cemetery without the need to purchase or lease additional land and ensure there are sufficient gravesites until 2024 and (2) shift VA resources from maintenance of vacant buildings to health care for veterans. The NPV for the option selected, Enhanced Use Leasing is not reflected at this time due to the legal nature of the solicitation process currently under development. As information become releasable, this alternative could be submitted for evaluation of the reviewers and the CARES Commission. Preliminary cost projections anticipate no capital investment required from the government. The developer anticipates obtaining a series of bond tax abatement grants from the National Historic Trust Foundation. The anticipated investment could be as much as $50M to $70M.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	6,813	863	6,814	864	-	-	-	-	-	-	6,814	$ (160,706)
Surgery	1,525	(164)	1,526	(163)	-	-	-	-	-	-	1,526	$ -
Intermediate/NHCU	24,271	-	24,271	-	6,796	-	-	-	-	-	17,475	$ -
Psychiatry	5,108	(2,309)	5,109	(2,308)	-	-	-	-	-	-	5,109	$ (76,000)
PRRTP	384	-	6,231	5,847	-	-	-	1,923	-	-	8,154	$ (20,150,573)
Domiciliary	66,068	-	66,089	21	-	-	-	-	-	-	66,089	$ (32,020)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**104,170**	**(1,609)**	**110,040**	**4,261**	**6,796**	**-**	**-**	**1,923**	**-**	**-**	**105,167**	**$ (20,419,299)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	75,411	44,643	105,411	74,643	-	-	-	-	-	-	105,411	$ (130,049,105)
Specialty Care	72,214	45,460	58,120	31,366	15,000	-	-	-	-	-	43,120	$ 53,132,255
Mental Health	53,285	(1,305)	56,085	1,495	-	-	-	-	-	-	56,085	$ (6,069,519)
Ancillary & Diagnostics	68,823	21,433	68,823	21,433	-	-	25,737	-	-	-	43,086	$ 36,881,351
Total	**269,732**	**110,230**	**288,439**	**128,937**	**15,000**	**-**	**25,737**	**-**	**-**	**-**	**247,702**	**$ (46,105,018)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	14,173	4,482	14,173	4,482	9,691	1,766	-	-	-	-	11,457	(2,716)
Surgery	3,632	(564)	3,632	(564)	4,196	-	-	-	-	-	4,196	564
Intermediate Care/NHCU	22,951	-	31,280	8,329	22,951	-	-	-	-	-	22,951	(8,329)
Psychiatry	8,685	1,283	8,685	1,283	7,402	1,000	-	-	-	-	8,402	(283)
PRRTP	7,382	-	58,301	50,919	7,382	45,000	-	-	-	-	52,382	(5,919)
Domiciliary program	67,425	-	82,611	15,186	67,425	-	-	-	-	-	67,425	(15,186)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**124,248**	**5,201**	**198,682**	**79,635**	**119,047**	**47,766**	**-**	**-**	**-**	**-**	**166,813**	**(31,869)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	56,558	40,973	79,058	63,473	15,585	20,000	-	-	26,729	-	62,314	(16,744)
Specialty Care	119,153	89,729	71,148	41,724	29,424	25,000	-	-	-	-	54,424	(16,724)
Mental Health	29,307	13,930	30,847	15,470	15,377	13,000	-	-	-	-	28,377	(2,470)
Ancillary and Diagnostics	49,553	18,616	31,022	85	30,937	-	-	-	-	-	30,937	(85)
Total	**254,571**	**163,248**	**212,075**	**120,752**	**91,323**	**58,000**	**-**	**-**	**26,729**	**-**	**176,052**	**(36,023)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(2,002)	-	(2,002)	2,002	-	-	-	-	-	2,002	2,002
Administrative	342,739	151,619	191,120	-	191,120	-	-	-	-	-	191,120	-
Other	15,633	-	15,633	-	15,633	-	-	-	-	-	15,633	-
Total	**358,372**	**149,617**	**206,753**	**(2,002)**	**208,755**	**-**	**-**	**-**	**-**	**-**	**208,755**	**2,002**

6. Facility Level Information – Topeka

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Topeka currently provides support to the Fort Riley Army Base and to local reserve and guard units through DoD Sharing agreements and Tricare. This care is provided within existing space and assets. There is no expected change in the level of services provided under the CARES initiatives.

This relationship will have no effect on the safety or environment of care in Topeka. The workload through sharing can be absorbed within the current and projected space capacity.

No impact is anticipated on Research or Residency programs.
DoD beneficiaries will continue to have availability to care under sharing agreements
Since workload can be absorbed within the current and projected space capacity, no impact on the community or staffing is projected.

The workload allocations for Specialty Care, Mental Health, and Psychiatry developed in the market plan supports and secures collaborative opportunities with Fort Riley and ensures the coordination of resources between DoD and VA, thus supports the VA mission as backup to DoD.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	5,869	(273)	5,869	(273)	118	-	-	-	-	-	5,751	$ -
Surgery	409	(738)	410	(737)	201	-	-	-	-	-	209	$ -
Intermediate/NHCU	69,539	-	69,539	-	33,379	-	-	-	-	-	36,160	$ -
Psychiatry	38,506	(2,788)	39,576	(1,718)	5,500	-	-	210	-	-	34,286	$ (13,070,209)
PRRTP	7,770	-	1,923	(5,847)	-	-	1,923	-	-	-	-	$ 16,268,282
Domiciliary	21	-	-	(21)	-	-	-	-	-	-	-	$ 26,930
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**122,114**	**(3,799)**	**117,317**	**(8,596)**	**39,198**	**-**	**1,923**	**210**	**-**	**-**	**76,406**	**$ 3,225,003**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	77,468	25,833	77,468	25,833	15,000	-	-	-	-	-	62,468	$ 13,766,512
Specialty Care	70,658	34,484	52,777	16,603	22,000	-	-	-	-	-	30,777	$ 31,335,877
Mental Health	91,147	(1,157)	88,349	(3,955)	884	-	-	-	-	-	87,465	$ 3,478,638
Ancillary & Diagnostics	83,190	3,357	83,191	3,358	4,160	-	-	25,737	-	-	104,768	$ (38,588,244)
Total	**322,463**	**62,518**	**301,785**	**41,840**	**42,044**	**-**	**-**	**25,737**	**-**	**-**	**285,478**	**$ 9,992,783**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	14,782	(6,763)	14,780	(6,765)	21,545	-	-	-	-	-	21,545	6,765
Surgery	523	(1,166)	522	(1,167)	1,689	-	-	-	-	-	1,689	1,167
Intermediate Care/NHCU	67,057	-	67,981	924	67,057	-	-	-	-	-	67,057	(924)
Psychiatry	88,564	42,134	78,858	32,428	46,430	15,000	-	-	-	-	61,430	(17,428)
PRRTP	36,985	36,985	-	-	-	-	-	-	-	-	-	-
Domiciliary program	26	26	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**207,937**	**71,216**	**162,141**	**25,420**	**136,721**	**15,000**	**-**	**-**	**-**	**-**	**151,721**	**(10,420)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	38,904	17,277	33,733	12,106	21,627	-	-	-	5,336	-	26,963	(6,770)
Specialty Care	103,763	73,773	50,782	20,792	29,990	-	10,000	-	-	-	39,990	(10,792)
Mental Health	49,630	13,136	48,106	11,612	36,494	-	-	-	-	-	36,494	(11,612)
Ancillary and Diagnostics	50,580	(10,982)	67,052	5,490	61,562	-	-	-	-	-	61,562	(5,490)
Total	**242,877**	**93,204**	**199,673**	**50,000**	**149,673**	**-**	**10,000**	**-**	**5,336**	**-**	**165,009**	**(34,664)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	311,062	113,922	197,140	-	197,140	-	-	-	-	-	197,140	-
Other	72,662	-	72,662	-	72,662	-	-	-	-	-	72,662	-
Total	**383,724**	**113,922**	**269,802**	**-**	**269,802**	**-**	**-**	**-**	**-**	**-**	**269,802**	**-**

B. East Market

1. Description of Market

a. Market Definition

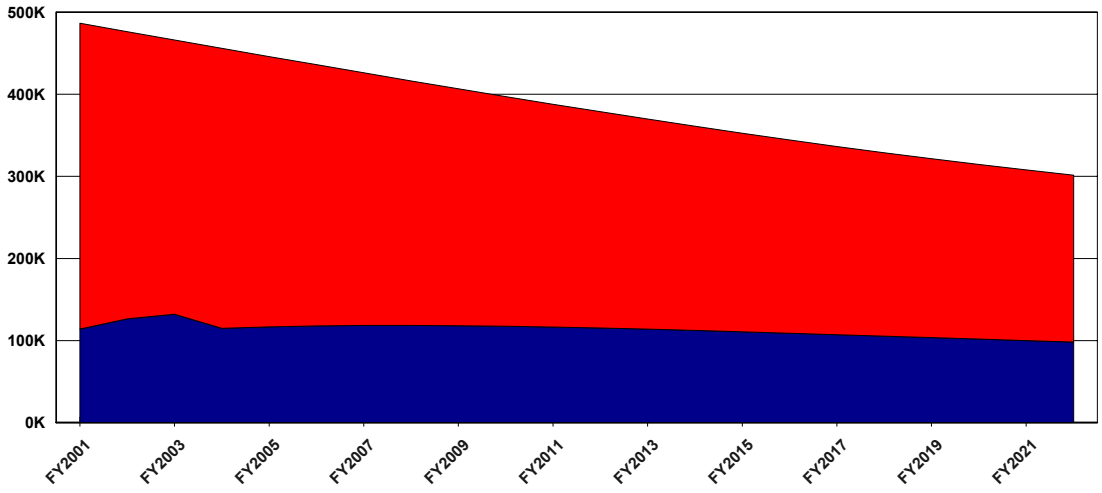
Market	Includes	Rationale	Shared Counties
Eastern Code: 15B	Consists of counties in eastern Missouri, western Kentucky, southern Illinois and Indiana and northern Arkansas. 99 Total Counties	The Eastern Market contains the largest veteran population of VISN 15 and consists of 30 counties from Missouri, 17 from Kentucky, eight from Indiana, 39 from Illinois and five from Arkansas. Of the 99 counties of the Eastern Market, five are designated highly rural, eighty-two rural and twelve urban. Three VA medical centers are located in the Eastern Market - ST Louis, MO; Poplar Bluff, MO and Marion, IL. ST Louis is a two-division hospital and is the location of a spinal cord injury unit. In addition they have Dom, nursing home, and provide mental health services for the eastern orbit. Major highway systems include I-70 and I-64. St Louis also house several national program offices. CBOCs located in the Eastern Market include Bellville, IL; St Louis, MO; Effingham, IL; St Charles, MO; Springfield, IL; Cape Girardeau, MO; West Plains, MO; Paragould, AR; Farmington, MO; Salem, MO; Evansville, MO; MT Vernon, IL; Paducah, KY. Geographical barriers, distance, travel time and current utilization patterns were considered when defining market lines. The Eastern market has 275 hospital beds, 50 Dom and 156 nursing home beds.	The Eastern Market shares veterans with VISN 9, VISN 16, VISN 23, VISN 12 and VISN 11. See attached sheet for break out. Of the sixty counties shared, only Morgan county Illinois indicates over 50% are traveling to another VISN for care. After discussions with VISN 9, VISN 16, VISN 23, and VISN 11, there are no shared market area issues with this neighboring network to the north, east and south except VISN 16 During CARES Phase I, there were no shared market issues with VISN 9, VISN 23, VISN 12 and VISN 11.

b. Facility List

VISN : 15				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Marion (IL)				
657A5 Marion IL	✓	✓	-	-
657GJ Evansville	✓	-	-	-
657GK Mt. Vernon	✓	-	-	-
657GL Paducah	✓	-	-	-
657GM Effingham	✓	-	-	-
Poplar Bluff				
657A4 Poplar Bluff	✓	✓	-	-
657GF West Plains	✓	-	-	-
657GG Paragould	✓	-	-	-
657GH Cape Girardeau	✓	-	-	-
St. Louis - JB				
657A0 St Louis-Jeff Bks.	✓	-	-	-
St. Louis- JC				
657 St Louis-John Cochran	✓	✓	✓	-
657GA Bellville	✓	-	-	-
657GB St. Louis CBOC	✓	-	-	-
657GD St. Charles County	✓	-	-	-
657GE Springfield	✓	-	-	-
657GI Farmington	✓	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
East Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care	62% with access				
	Access to Hospital Care	75% with access				
	Access to Tertiary Care	100% with access				
Y	Specialty Care Outpatient Stops	Population Based	195,801	86%	130,317	57%
		Treating Facility Based	195,765	91%	133,711	62%
Y	Primary Care Outpatient Stops	Population Based	136,243	50%	55,771	21%
		Treating Facility Based	120,902	45%	44,818	17%
N	Medicine Inpatient Beds	Population Based	52	40%	5	4%
		Treating Facility Based	58	50%	14	12%
N	Psychiatry Inpatient Beds	Population Based	29	33%	3	4%
		Treating Facility Based	30	56%	6	11%
N	Surgery Inpatient Beds	Population Based	8	15%	-9	-16%
		Treating Facility Based	13	28%	-3	-7%
N	Mental Health Outpatient Stops	Population Based	49,480	40%	5,570	5%
		Treating Facility Based	47,418	43%	9,028	8%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

There have been few stakeholder issues in the Eastern Market, presumably because the CARES initiatives are positive including retention of the inpatient unit at Poplar Bluff. All three sites began (The VISN 15 Eastern Orbit) began efforts of outreach communication to key stakeholders on the CARES planning initiative in August 2002 continuing through the present, with over 8,000 points of contact. Communication has been monthly to VAMC employees through presentations at Town Hall Meetings, employee newsletters, CARES brochures, video presentations, and presentations at local bargaining unit meetings. Initial input from key stakeholders primarily revolved around the source and integrity of data upon which any decisions regarding reallocation of capital assets would be made. At the Evansville Outpatient Clinic, stakeholders were concerned about a consolidation of capital assets with Lexington, KY. Communication with external stakeholders, including VSO's, Affiliates, community health care officials, and Congressional representatives has been done throughout this time period at monthly meetings, personal presentations, and provision of CARES informational packets. Because the Marion VAMC is one of the Medical Facilities that has experienced significant growth while keeping costs of care and staffing to a minimum, with more growth projected, there did not appear to be a concern with closures, lost jobs, and negative impacts of the CARES initiative at this facility. And, as the CARES market plans were developed, the resulting data showed that Marion, IL would be one of the Medical Facilities that needed to expand to meet future growth needs and access to medical care. As such, CARES is perceived positively at this facility.As a result, the input from key stakeholders at Marion has been minimal, and positive. Comments received from stakeholders supported the concept of providing access and medical services to our veterans when and where they needed the services. No changes in Market operations were necessary based on key stakeholder input, with no impact on CARES criteria anticipated.The Poplar Bluff VA Medical Center has communicated to 7,019 stakeholders from 1/1/03 through 3/31/03. The Poplar Bluff facility is projected to see a slight decline in primary care demand by 2022 but significant increase in specialty care by 2022. The plan also calls for a 50,000 square foot ambulatory care addition to meet specialty care and Ancillary and Diagnostic space needs through 2022. Additionally the facility has been identified for small facility analysis, a potentially volatile issue with stakeholders. It is the recommendation of the Eastern Market and the VISN to retain the inpatient program. The retention of the inpatient program and growth of specialty has been well received by stakeholders. If at some point it is decided that the program should close, considerable stakeholder opposition will surface as well as adverse publicity. VSO's are briefed monthly at the VSO meeting with medical center management. The minutes of those meetings are also mailed to approximately 200 VSO's

across the primary service area. Staff have spoken at a number of VSO meetings about CARES. All Congressional district staff have been briefed. Included was a radio interview regarding CARES. There have been only two substantive comments from stakeholders. One positive and the other questioning if CARES will survive changes in administration and if the additional staff needed to provide the increase in care will be funded. St. Louis VAMC began its outreach communications to key stakeholders for the CARES planning initiatives in August 2002 continuing through the present, with over 5,000 contacts. Communication has been monthly to VAMC employees through presentations at Town Hall Meetings, employee newsletters, distribution of CARES brochures, video presentations, and presentations at local bargaining unit meetings. (Full version in CARES Portal)

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Poplar Bluff
CARES identified Poplar Bluff as having shared market issues with VISN 9, specifically Memphis VAMC. Specialty Care workload areas include Cardiac care and Orthopedics.

The patient population, in this geographic area, historically has demonstrated a preference to seek Specialty Care from the Memphis VAMC rather than commute to St. Louis, MO. Poplar Bluff VAMC and Memphis VAMC have two CBOCs in close proximity, in Paragould, AR and in Jonesboro, AR. There has not been any discussion regarding shared market issues. Over the years Memphis VAMC has accepted Poplar Bluff VAMC referrals, however, recently their ability to accept referrals has declined for Cardiac care and Orthopedics.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Eastern Market contains the largest veteran population of the three markets in Veteran Integrated Service Network (VISN) 15. The Eastern Market consists of 39 counties in Illinois, 30 counties in Missouri, 17 in Kentucky, eight in Indiana, and five in Arkansas. Of the 99 counties in the Market, five are designated highly rural, eighty-two rural and twelve urban. Three VA medical centers are located in the Eastern Market – St. Louis, Missouri, Poplar Bluff, Missouri and Marion, Illinois. St. Louis is a two-division tertiary care medical center operating hospitals at Jefferson Barracks and John Cochran divisions. VAMCs St. Louis and Marion are medical resident teaching hospitals with strong affiliation agreements. Despite Interstate highway systems that include I-70, I-64, I-55, I-44, I-57, and I-24, major waterways complicate travel and access to care. The Mississippi, Ohio, Missouri and Wabash Rivers traverse the market area. Much of the market area is designated as medically underserved and economically depressed. Some counties are targeted counties for federal economic and medical service development as part of the Mississippi Delta Commission. Community Based Outpatient Clinics (CBOCs) located in the Eastern Market include: Bellville, IL; St. Louis, MO; Effingham, IL; St. Charles, MO; Springfield, IL; Cape Girardeau, MO; West Plains, MO; Paragould, AR; Farmington, MO; Evansville, IN; Mt. Vernon, IL; and Paducah, KY. Geographical barriers, distance, travel time and current utilization patterns were considered when defining market lines. The Eastern market has 275 hospital beds, 50 domiciliary and 156 nursing home beds.

Primary Care: A 50 percent growth in primary care workload is forecasted from 2001 to 2012 and a 21 percent increase in primary care services is projected for the period between 2001 and 2022. To address the increases the VISN 15 Eastern Market is planning a combination of in-house facility options consisting of new leased space and/or capital construction projects at each of the three medical centers. Extensive use of service contracts, affiliate opportunities or sharing agreements with Department of Defense (DoD) are not viable alternatives to address the expected increases. Some opportunity exists to reallocate existing space at the medical centers for expanded primary care use, but facility capacity is insufficient to address the majority of the forecasted demand. Significant space shortfall exists at many of the care sites currently. Five new CBOCs are planned to improve access to care. The clinics will use leased or donated space and be located in mainly rural areas for better service to the veteran.

Specialty Care: All three of the medical centers have projected specialty care demand significantly beyond their current capacity. The Eastern Market has forecasted demand that projects an 86 percent increase in outpatient specialty care workload by 2012 and has a 57 percent increase in 2022. This planning category will be most challenging because of the limited options available to handle the forecasted volume increases in the market. Opportunities may exist by collaborating with DoD and affiliate partners; however constrain to service limitations. The large volume of the forecasted demand far outstrips current in-house capacity and space to provide the needed services. The remote location of the demand is challenged by geographic access concerns. Further complicating the matter, all three medical centers have significant space shortfalls currently. The market will pursue a combination strategy that uses both in-house services and contract/fee services to address the forecasted demand. Specialty Care will be expanded at all 3 VAMCs by a using a combination of new construction, leased space and contract services. Substantial capital construction projects are planned at each of sites. The market proposes to keep the inpatient capacity at Poplar Bluff at current level.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

VISN 15 is planning on establishing new CBOCs in Hopkins County (Kentucky), Graves County (Kentucky), Knox County (Indiana), Daviess County (Kentucky) and Sullivan, Missouri. The CBOCs are planned beginning in 2004. Four of the CBOCs will be a subsidiary of VAMC Marion and one a subsidiary of VAMC St Louis - JC. No other new facilities are proposed for this Market at this time. NOTE: These CBOCs have not been added as new facilities in the IBM Market Planning application.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**60%**	45,587	**68%**	36,883	**70%**	29,422
Hospital Care	**75%**	28,492	**76%**	27,662	**76%**	23,538
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Marion (IL)

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Department of Defense (DoD) Collaboration
Two VISN 15 Medical Centers, one in St. Louis, Missouri and other in Marion, Illinois, have been sharing health care resources with Scott Air Force Base. The base is located in St. Clair County near Belleville, Illinois. It is about 100 miles from Marion, Illinois and about 25 miles from St. Louis. Joint VA/DoD sharing arrangements have been in use during the past several years. Both VA medical centers are part of an established DoD contingency medical back-up system. The base is the fourth largest employer in the metropolitan St. Louis region with over 8,000 military employees and 4,200 civilian employees. The 375th Medical Group has a hospital on base treating active duty and retirees in the surrounding St. Louis metro community. Staff from the Scott Air Force Base 375th Medical Group meet regularly with staff from the two VA medical centers to further develop health care resource sharing plans. Depending upon availability, military specialists in Urology and Orthopedic services have been assisting the VA by providing needed inpatient and outpatient services. Recently, VA Laboratory staff have been deployed for temporary assistance at Scott to supplement needed Phlebotomy services. Future plans are under development for Dermatology care. Plans are being made to construct a new DoD replacement hospital in about 2010. Both VA medical centers will be undertaking capital improvement projects during the next 20 years to address the expected service demand increases and aging infrastructure issues. VA and military officials will be conducting regular coordination meetings and will be examining future options where mutually supported medical service arrangements may be deployed.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Medicine	17,127	5,989	17,127	5,989	497	-	-	-	-	-	16,630	$	(28,762,632)
Surgery	3,011	622	3,012	623	1,543	-	-	-	-	-	1,469	$	(22,859,953)
Intermediate/NHCU	91,292	-	91,292	-	75,773	-	-	-	-	-	15,519	$	-
Psychiatry	2,985	1,584	129	(1,272)	-	-	129	-	-	-	-	$	82,844,031
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$	-
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$	-
Blind Rehab	2,857	1,673	-	(1,184)	-	-	-	-	-	-	-	$	-
Total	**117,272**	**9,868**	**111,560**	**4,156**	**77,813**	**-**	**129**	**-**	**-**	**-**	**33,618**	**$**	**31,221,446**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Primary Care	123,258	24,021	123,259	24,022	5,005	-	-	-	-	-	118,254	$	(4,925,619)
Specialty Care	142,640	63,020	142,641	63,021	12,489	-	-	-	-	-	130,152	$	(55,295,150)
Mental Health	41,713	20,855	41,713	20,855	-	-	-	-	-	-	41,713	$	(8,009,965)
Ancillary & Diagnostics	168,939	24,707	168,939	24,707	18,198	-	-	-	-	-	150,741	$	(45,666,144)
Total	**476,551**	**132,603**	**476,552**	**132,605**	**35,692**	**-**	**-**	**-**	**-**	**-**	**440,860**	**$**	**(113,896,878)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	34,555	19,879	34,590	19,914	14,676	-	24,271	-	-	-	38,947	4,357
Surgery	3,400	2,081	2,439	1,120	1,319	-	2,439	-	-	-	3,758	1,319
Intermediate Care/NHCU	20,475	-	34,297	13,822	20,475	-	-	-	-	-	20,475	(13,822)
Psychiatry	7,286	4,209	-	(3,077)	3,077	-	-	-	-	-	3,077	3,077
PRRTP	-	(983)	-	(983)	983	-	-	-	-	-	983	983
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**65,716**	**25,186**	**71,326**	**30,796**	**40,530**	**-**	**26,710**	**-**	**-**	**-**	**67,240**	**(4,086)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	59,781	45,417	59,127	44,763	14,364	-	-	-	43,053	-	57,417	(1,710)
Specialty Care	149,060	127,574	143,167	121,681	21,486	9,626	56,650	-	55,000	-	142,762	(405)
Mental Health	22,425	14,203	23,359	15,137	8,222	-	3,540	-	12,000	-	23,762	403
Ancillary and Diagnostics	97,309	76,984	96,474	76,149	20,325	-	45,000	-	31,000	-	96,325	(149)
Total	**328,574**	**264,177**	**322,127**	**257,730**	**64,397**	**9,626**	**105,190**	**-**	**141,053**	**-**	**320,266**	**(1,861)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	283,889	208,147	110,742	35,000	75,742	-	25,000	-	10,000	-	110,742	-
Other	17,044	-	17,044	-	17,044	-	-	-	-	-	17,044	-
Total	**300,933**	**208,147**	**127,786**	**35,000**	**92,786**	**-**	**25,000**	**-**	**10,000**	**-**	**127,786**	**-**

4. Facility Level Information – Poplar Bluff

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

It is recommended that the inpatient unit be retained as the unit is cost effective, provides quality care and is required to meet acute hospital access standards. The Poplar Bluff facility provides primary and secondary care to approximately 50,000 veterans in Southeast Missouri and Northeast Arkansas. In addition to the main facility in Poplar Bluff VA-staffed community clinics are operated in leased space in Cape Girardeau, MO, Farmington, MO, West Plains, MO and Paragould AR. There is one inpatient gene-ral medicine unit and it is authorized for 16 beds, but the occupancy exceeds 99%, which means the unit is frequently overcapacity. An additional 9 beds are available to the general medicine unit creating a total bed capacity of 25 and accommodating the high occupancy rates

above. The facility does not operate an intensive care unit. The facility operates a 40 bed extended care unit with a focus on rehabilitation, resulting in residents with higher acuity than those found in the community. Due to the higher acuity levels on extended care, residents often require more intense medical care than would normally be found on an extended care unit. This demand is not reflected in the medicine bed projections of the CARES model. The 2022 demand projections call for a dramatic increase in outpatient specialty and ancillary and diagnostic workload. Specialty care referrals to tertiary care facilities including VA Medical Centers in St. Louis, MO and Memphis, TN are expected to continue at present rates. The growth in specialty care will be managed at Poplar Bluff and the dramatic increase in specialty care workload will be met by a combination of in-house and fee/contract services. However, the current model projections do not take into consideration the increased need for acute care beds that result from the increase in the provision of specialty care. An ambulatory care clinical addition is proposed for activation in FY 09 in order for the facility to meet increased demand in-house. Whether through the existent inpatient acute care services, or through the limited availability of local resources, the fact remains that, due to the 150 mile distance from the closest VA, there will still have to be an area to stabilize acute care patients prior to transfer. Poplar Bluff serves a role in VA/DOD contingency. Scott Air Force Base is one of three large air force bases that are expected to receive war casualties. VAMC St. Louis is designated as a Primary Receiving Center (PRC) to receive overflow casualties and Poplar Bluff will serve as a secondary supplemental center (SSC) for St. Louis VAMC patients and casualties. Inpatient beds are essential to this role. Quality indicators for the facility are very good. The facility performed very well overall on the FY 02 VHA and Network Performance Measures and the National Performance Monitors with 92% of all areas achieving or exceeding targets. All programs received JCAHO accreditation with commendation for the 1998 survey. For the 2001 survey scores were 98 for hospital, 100 for long-term care and 100 for home care. The alternative to retaining the inpatient unit would be to contract it out. Loss of the inpatient unit would cause the Eastern Market of VISN 15 to fall below the access standards for hospital care unless these services are provided locally by fee/contract. The facility cost per bed day of care is $471 compared to the Medicare unit cost of $1,264 per bed day of care. (FULL VERSION WITH DATA ANALYSIS IN CARES PORTAL)

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	4,330	(1,001)	4,331	(1,000)	44	-	-	-	-	-	4,287	$ -
Surgery	32	(132)	32	(132)	32	-	-	-	-	-	-	$ (32,270)
Intermediate/NHCU	39,344	-	39,344	-	27,148	-	-	-	-	-	12,196	$ -
Psychiatry	303	140	67	(96)	-	-	67	-	-	-	-	$ 2,812,554
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**44,009**	**(993)**	**43,774**	**(1,228)**	**27,224**	**-**	**67**	**-**	**-**	**-**	**16,483**	**$ 2,780,284**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	44,374	(8,026)	45,579	(6,822)	375	-	-	-	-	-	45,204	$ (7,570,030)
Specialty Care	41,236	26,392	42,479	27,635	1,682	-	-	-	-	-	40,797	$ (4,008,933)
Mental Health	21,190	5,757	21,309	5,876	266	-	-	-	-	-	21,043	$ (1,546,317)
Ancillary & Diagnostics	66,657	13,771	66,846	13,960	490	-	-	-	-	-	66,356	$ (14,570,362)
Total	**173,457**	**37,893**	**176,213**	**40,649**	**2,813**	**-**	**-**	**-**	**-**	**-**	**173,400**	**$ (27,695,642)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	8,918	(508)	8,917	(509)	9,426	-	-	-	-	-	9,426	509
Surgery	12	12	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	21,805	-	22,197	392	21,805	-	-	-	-	-	21,805	(392)
Psychiatry	486	486	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**31,222**	**(9)**	**31,114**	**(117)**	**31,231**	**-**	**-**	**-**	**-**	**-**	**31,231**	**117**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	21,966	6,043	22,602	6,679	15,923	-	-	-	8,600	-	24,523	1,921
Specialty Care	43,545	30,375	44,877	31,707	13,170	-	23,000	-	-	-	36,170	(8,707)
Mental Health	11,539	5,058	11,574	5,093	6,481	-	2,700	-	940	-	10,121	(1,453)
Ancillary and Diagnostics	42,234	32,267	42,468	32,501	9,967	-	25,500	-	-	-	35,467	(7,001)
Total	**119,283**	**73,742**	**121,521**	**75,980**	**45,541**	**-**	**51,200**	**-**	**9,540**	**-**	**106,281**	**(15,240)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	127,929	62,946	64,983	-	64,983	-	-	-	-	-	64,983	-
Other	9,235	-	9,235	-	9,235	-	-	-	-	-	9,235	-
Total	**137,164**	**62,946**	**74,218**	**-**	**74,218**	**-**	**-**	**-**	**-**	**-**	**74,218**	**-**

5. Facility Level Information – St. Louis - JB

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Department of Defense (DoD) Collaboration
Two VISN 15 Medical Centers, one in St. Louis, Missouri and other in Marion, Illinois, have been sharing health care resources with Scott Air Force Base. The base is located in St. Clair County near Belleville, Illinois. It is about 100 miles from Marion, Illinois and about 25 miles from St. Louis. Joint VA/DoD sharing arrangements have been in use during the past several years. Both VA medical centers are part of an established DoD contingency medical back-up system. The base is the fourth largest employer in the metropolitan St. Louis region with over 8,000 military employees and 4,200 civilian employees. The 375th Medical Group has a hospital on base treating active duty and retirees in the surrounding St. Louis metro community. Staff from the Scott Air Force Base 375th Medical Group meet regularly with staff from the two VA medical centers to further develop health care resource sharing plans. Depending upon availability, military specialists in Urology and Orthopedic services have been assisting the VA by providing needed inpatient and outpatient services. Recently, VA Laboratory staff have been deployed for temporary assistance at Scott to supplement needed Phlebotomy services. Future plans are under development for Dermatology care. Plans are being made to construct a new DoD replacement hospital in about 2010. Both VA medical centers will be undertaking capital improvement projects during the next 20 years to address the expected service demand increases and aging infrastructure issues. VA and military officials will be conducting regular coordination meetings and will be examining future options where mutually supported medical service arrangements may be deployed.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

Proposed VBA Collaboration

Formal dialogue with local VBA officials has been established. The VBA has determined that the amount of vacant space available at the Jefferson Barracks division of the St. Louis VAMC does not meet their needs. VBA currently leases GSA space in downtown St. Louis and their lease expiration is FY2009

Because the Jefferson Barracks division is a campus style facility with available land, options to support the construction of a new building will be explored in future CARES cycles.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

Proposed NCA Collaboration

The Jefferson Barracks National Cemetery of the National Cemetery Administration (NCA) is located contiguous to the Jefferson Barracks VA Medical Center. The NCA is projecting a significant land shortfall by 2008. A project is currently developing some land that the hospital transferred and will help to alleviate the immediate needs. The Jefferson Barracks Medical Center is an aging facility with many long-standing infrastructure issues that require large maintenance and improvement construction expenditures.

A collaborative opportunity exists between the two entities, whereby the Jefferson Barracks Medical Center would consolidate it's patient functions towards the south and west areas of the campus. The northern and eastern areas of the campus will then be given to the NCA for razing of the buildings and land preparation for cemetery use. This collaboration would provide much needed space to the National Cemetery and would allow the VA Medical Center to

concentrate its resources on upgrading and maintaining the remaining infrastructure.

Although there is an increased patient workload at Jefferson Barracks VAMC through FY22, there exists enough current vacant space to allow for both the expansion of space needs due to increased patient workload and the consolidation out of the northeastern buildings.

The main hurdle in this plan is that the northeastern most building is the current utility plant. While the plan is to replace this old, energy-inefficient plant with energy efficient, stand-alone package units for each building, it is estimated it will not be ready for turnover until FY15.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

The Jefferson Barracks (JB) campus was identified as the site with the most infrastructure issues. The Chilled water and steam distribution system have reached the end of life expectancy. The proposed strategy will reallocate workload from JB to the John Cochran division and consolidate functions into the south and east sides of the campus. Thus, the dependencies from a central steam/chilled water distribution system are replaced with more cost effective and

energy efficient individualized package systems for each building retained. JB houses four major referral programs for the Eastern Market and the VISN as a whole: Extended Care, Psychiatry, Domiciliary, and Spinal Cord Injury.This category has no impact on DoD Sharing, or VA/DoD Contingency Planning. There is however, a potential for Jefferson Barracks VAMC to provide support to the Jefferson Barracks National Cemetery (NCA). This NCA area is contiguous to the Jefferson Barracks VAMC and is rapidly utilizing their existing land and is need of expansion. The Jefferson Barracks Medical Center is an aging facility with many long-standing infrastructure issues that require large maintenance and improvement construction expenditures.

A collaborative opportunity exists between the two entities, whereby the Jefferson Barracks Medical Center would consolidate it's patient functions towards the south and west areas of the campus and the northern and eastern areas of the campus will then be given to the NCA for razing of the buildings and land preparation for cemetery use. This collaboration would provide much needed space to the National Cemetery and would allow the VA Medical Center to concentrate its resources on upgrading and maintaining the remaining infrastructure.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	801	186	64	(551)	-	-	64	-	-	-	-	$ 22,968,649
Surgery	81	(147)	13	(215)	-	-	13	-	-	-	-	$ 3,080,649
Intermediate/NHCU	16	-	21,226	21,210	-	-	-	-	-	-	21,226	$ (619,405,966)
Psychiatry	21,787	7,579	25,882	11,674	7,437	-	-	235	-	-	18,680	$ (5,053,342)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	15,588	-	15,588	-	-	-	-	-	-	-	15,588	$ -
Spinal Cord Injury	7,711	-	9,105	1,394	-	-	-	-	-	-	9,105	$ (19,255,005)
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**45,984**	**7,618**	**71,878**	**33,512**	**7,437**	**-**	**77**	**235**	**-**	**-**	**64,599**	**$ (617,665,015)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	61,052	38,101	58,969	36,018	12,624	-	-	-	-	-	46,345	$ 30,963,288
Specialty Care	52,680	37,689	43,610	28,619	3,839	-	-	-	-	-	39,771	$ 461,789
Mental Health	64,912	20,709	64,746	20,543	7,561	-	-	-	-	-	57,185	$ 307,188
Ancillary & Diagnostics	30,006	15,729	25,486	11,209	2,866	-	-	-	-	-	22,620	$ 8,374,219
Total	**208,650**	**112,228**	**192,811**	**96,389**	**26,890**	**-**	**-**	**-**	**-**	**-**	**165,921**	**$ 40,106,484**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	1,666	1,666	-	-	-	-	-	-	-	-	-	-
Surgery	134	134	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	31,105	-	56,886	25,781	31,105	-	-	-	-	-	31,105	(25,781)
Psychiatry	53,163	31,637	45,579	24,053	21,526	24,000	-	-	-	-	45,526	(53)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	25,331	-	19,485	(5,846)	25,331	-	-	-	-	-	25,331	5,846
Spinal Cord Injury	-	(34,761)	47,255	12,494	34,761	-	-	-	-	-	34,761	(12,494)
Blind Rehab	34,761	34,761	-	-	-	-	-	-	-	-	-	-
Total	**146,160**	**33,437**	**169,205**	**56,482**	**112,723**	**24,000**	**-**	**-**	**-**	**-**	**136,723**	**(32,482)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	45,790	26,939	34,759	15,908	18,851	16,000	-	-	-	-	34,851	92
Specialty Care	57,949	36,920	43,748	22,719	21,029	22,600	-	-	-	-	43,629	(119)
Mental Health	35,702	4,193	31,452	(57)	31,509	-	-	-	-	-	31,509	57
Ancillary and Diagnostics	28,806	7,112	21,715	21	21,694	-	-	-	-	-	21,694	(21)
Total	**168,246**	**75,163**	**131,674**	**38,591**	**93,083**	**38,600**	**-**	**-**	**-**	**-**	**131,683**	**9**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(24,447)	6,769	(17,678)	24,447	-	-	-	-	-	24,447	17,678
Administrative	281,248	90,256	190,992	-	190,992	-	-	-	-	-	190,992	-
Other	29,543	-	29,543	-	29,543	-	-	-	-	-	29,543	-
Total	**310,791**	**65,809**	**227,304**	**(17,678)**	**244,982**	**-**	**-**	**-**	**-**	**-**	**244,982**	**17,678**

6. Facility Level Information – St. Louis - JC

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Department of Defense (DoD) Collaboration:
Two VISN 15 Medical Centers, one in St. Louis, Missouri and other in Marion, Illinois, have been sharing health care resources with Scott Air Force Base. The base is located in St. Clair County near Belleville, Illinois. It is about 100 miles from Marion, Illinois and about 25 miles from St. Louis. Joint VA/DoD sharing arrangements have been in use during the past several years. Both VA medical centers are part of an established DoD contingency medical back-up system. The base is the fourth largest employer in the metropolitan St. Louis region with over 8,000 military employees and 4,200 civilian employees. The 375th Medical Group has a hospital on base treating active duty and retirees in the surrounding St. Louis metro community. Staff from the Scott Air Force Base 375th Medical Group meet regularly with staff from the two VA medical centers to further develop health care resource sharing plans. Depending upon availability, military specialists in Urology and Orthopedic services have been assisting the VA by providing needed inpatient and outpatient services. Recently, VA Laboratory staff have been deployed for temporary assistance at Scott to supplement needed Phlebotomy services. Future plans are under development for Dermatology care. Plans are being made to construct a new DoD replacement hospital in about 2010. Both VA medical centers will be undertaking capital improvement projects during the next 20 years to address the expected service demand increases and aging infrastructure issues. VA and military officials will be conducting regular coordination meetings and will be examining future options where mutually supported medical service arrangements may be deployed.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

The lack of adequate on-site, safe, secure parking is a deterrent to come to the JC campus for many of our out-state veterans and their families. This is a particular problem for our many veterans who travel by car to the JC campus from southern Illinois and Missouri. Patient surveys routinely conducted by the VAMC indicate that these veterans desire safe and secure parking located next to the JC campus. Likewise, this lack of on-site parking is a deterrent for clinical specialists to hold a 1 to 2 hour mid-day clinic at JC. The only off-site parking available at such time is metered street parking, which is on a first come basis. This adversely impacts our staff recruitment and retention efforts.-The most recent parking analysis dated April 2000 performed by the VA Asset and Enterprise Development Service indicated that including leasing, the JC division had a current daily parking deficit of 498 spaces in 2000. However, the current parking leases will expire by September 2003, which will increase our parking deficit by

431 spaces to a total of 929 spaces. Patient workload has increased by more than 23% since the parking analysis was completed. According to CARES projections, the workload will increase by more than 50% in FY2012. Thus, the projected parking deficit will increase to 1,200 spaces.

In FY02, congressional language requested the Department of VA to explore enhanced use lease (EUL) as an option for the construction of a parking structure. Current FY03 congressional language states that the Senate Appropriations Committee is aware that EUL has been explored and encourages the DVA to pursue a EUL.

Under the enhanced-use concept, the Department of Veterans Affairs will lease approximately 2.5 acres of land to Grand Center (GC) for a period of 35 to 75 years. As part of their ongoing development of the district, GC has been approved as a new Tax Increment Financing (TIF) District in the City of St. Louis. As part of this plan, GC proposes to build several parking garages throughout the district, including one adjacent to the JC campus to serve both the JC campus during weekday daytime hours, and the patrons of the various arts, entertainment and educational venues within the district during evening and weekend hours.

For this proposed garage, GC is presently acquiring approximately two acres of property bounded by Grand Boulevard on the east, Delmar Boulevard on the south and Enright Avenue on the north running west from Grand approximately 633-feet. The JC campus is located on the north side of Enright Avenue. On this proposed site, the GC plans to construct a multi-level parking garage of 1200 - 1500 spaces with the VAMC being the primary user between 6am to 6pm weekdays (M-F). GC will be the primary user after 6pm weekdays and over weekends and holidays for patron parking. As part of this acquisition, GC and the DVA will jointly have a portion of Enright Avenue vacated to provide additional ground for construction of the proposed garage. Under this option the Department of Veterans Affairs would trade their portion of the vacated Enright right-of-way to GC for the above-described property between Enright and Delmar acquired by GC, including GC's portion of the vacated Enright right-of-way. As part of this land swap, the Department of Veterans Affairs would also contribute $2,000,000 towards the development of a parking structure on this land. Construction of a new parking structure on this site would then start in approximately two years. In exchange, free parking will be provided to DVA for period of 75 years. Ownership of the acquired land and the vacated street right-of-way would subsequently be conveyed by deed to GC during the lease period. The exact length of the EUL lease period will be determined through negotiation

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	31,158	12,725	31,895	13,462	6,429	-	-	64	-	-	25,530	$ (2,179,733)
Surgery	14,849	3,572	14,918	3,641	3,212	-	-	-	13	-	11,719	$ (4,777,334)
Intermediate/NHCU	92,218	-	71,008	(21,210)	54,677	-	-	-	-	-	16,331	$ 126,614,336
Psychiatry	1,039	42	39	(958)	-	-	39	-	-	-	-	$ 14,994,231
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	1,548	-	154	(1,394)	-	-	-	-	-	-	154	$ 17,171,880
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**140,812**	**16,339**	**118,014**	**(6,459)**	**64,318**	**-**	**39**	**64**	**13**	**-**	**53,734**	**$ 151,823,380**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	163,717	66,805	164,597	67,685	26,222	-	-	-	-	-	138,375	$ (4,945,751)
Specialty Care	175,151	68,661	182,979	76,489	25,249	-	-	-	-	-	157,730	$ (24,441,242)
Mental Health	30,865	97	30,914	146	5,331	-	-	-	-	-	25,583	$ (6,114,069)
Ancillary & Diagnostics	266,453	141,122	270,785	145,454	80,423	-	-	-	-	-	190,362	$ 3,568,822
Total	**636,186**	**276,685**	**649,275**	**289,774**	**137,225**	**-**	**-**	**-**	**-**	**-**	**512,050**	**$ (31,932,240)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	68,788	31,900	56,932	20,044	36,888	-	20,000	-	-	-	56,888	(44)
Surgery	23,172	7,668	19,454	3,950	15,504	4,000	-	-	-	-	19,504	50
Intermediate Care/NHCU	-	-	29,232	29,232	-	-	-	-	-	-	-	(29,232)
Psychiatry	1,685	1,685	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	667	667	-	-	-	-	-	-	-	(667)
Blind Rehab	6,703	6,703	-	-	-	-	-	-	-	-	-	-
Total	**100,347**	**47,955**	**106,285**	**53,893**	**52,392**	**4,000**	**20,000**	**-**	**-**	**-**	**76,392**	**(29,893)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	78,682	41,266	74,722	37,306	37,416	-	-	-	74,585	-	112,001	37,279
Specialty Care	177,253	94,218	173,503	90,468	83,035	-	90,000	-	-	-	173,035	(468)
Mental Health	17,606	10,146	15,861	8,401	7,460	7,455	-	-	-	-	14,915	(946)
Ancillary and Diagnostics	163,709	84,068	121,832	42,191	79,641	42,000	-	-	-	-	121,641	(191)
Total	**437,251**	**229,699**	**385,918**	**178,366**	**207,552**	**49,455**	**90,000**	**-**	**74,585**	**-**	**421,592**	**35,674**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(38,392)	20,307	(18,085)	38,392	-	-	-	-	-	38,392	18,085
Administrative	247,676	119,842	127,834	-	127,834	-	-	-	-	-	127,834	-
Other	12,915	-	12,915	-	12,915	-	-	-	-	-	12,915	-
Total	**260,591**	**81,450**	**161,056**	**(18,085)**	**179,141**	**-**	**-**	**-**	**-**	**-**	**179,141**	**18,085**

C. Western Market

1. Description of Market

a. Market Definition

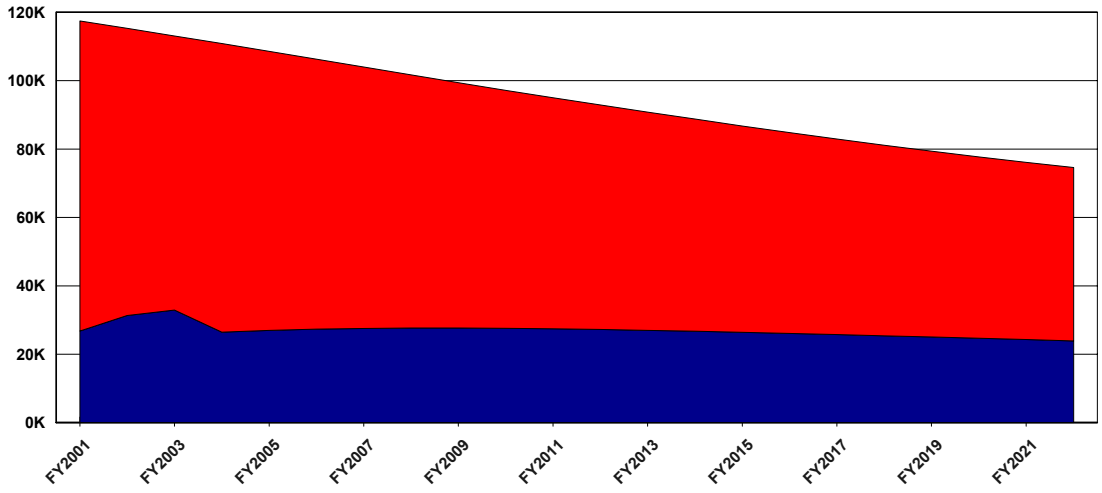
Market	Includes	Rationale	Shared Counties
Western Code: 15c	Rural and Highly rural counties of western Kansas. 59 Total Counties	The Western Market has Interstate 70 as the main corridor for transportation and consists mainly of rural and highly rural counties. 41% of the 59 counties are designated as highly rural areas. The Western Market has one major populated area - Wichita, Kansas. Wichita currently house the eight largest VAMROC within VHA and has a military based located there. Geographical barriers, distance, travel time, new CBOC opening this summer and current patient utilization patterns were considered when defining market lines. The Wichita medical center is a teaching hospital providing primary, secondary care and extended care services. They currently have CBOCs located in Liberal, Dodge City, Hays and Parsons, KS. The Salina CBOC is scheduled to open in August this year. The Western Market contains 41 hospital beds and 40 nursing home beds.	Eight counties share patients with VISNs 19 and seven counties with VISN 17. Of the seven counties shared with VISN 17,over 50% of the veterans from Grant, Haskell Morton, Seward and Stevens are currently traveling to Amarillo for care. Of the eight counties shared with VISN 19, only Mitchell and Thomas counties indicate over 50% of the veterans are currently receiving the majority of their care at Central Plains. After discussions with VISNs 19 and 17, there are no shared market area issues with this neighboring network to the south and west. During CARES Phase I, there were no shared market issues with VISNs 19 and 17 to the west

b. Facility List

VISN : 15				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Wichita				
589A7 VAMC WICHITA KS	✔	✔	-	-
589G2 Dodge City	✔	-	-	-
589G3 Liberal	✔	-	-	-
589G4 Hays	✔	-	-	-
589G5 Parsons	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
West Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
N	Access to Primary Care	56% with access				
N	Access to Hospital Care	60% with access				
N	Access to Tertiary Care	87% with access				
Y	Specialty Care Outpatient Stops	Population Based	66,236	180%	54,614	148%
		Treating Facility Based	63,919	188%	52,921	156%
Y	Primary Care Outpatient Stops	Population Based	38,898	70%	24,121	43%
		Treating Facility Based	33,936	60%	19,706	35%
N	Medicine Inpatient Beds	Population Based	14	47%	4	15%
		Treating Facility Based	13	45%	4	14%
N	Surgery Inpatient Beds	Population Based	5	47%	1	13%
		Treating Facility Based	4	39%	1	9%
N	Psychiatry Inpatient Beds	Population Based	8	32%	3	12%
		Treating Facility Based	2	98%	1	49%
N	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	465	2%	43	0%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

There have been few stakeholder issues in the Western Market, presumably because the CARES initiatives are positive and will improve access.The Dole VA (only site in Western Market) began efforts of outreach communication to key stakeholders on the CARES planning initiative in July 2002 continuing through the present, with over 3,000 points of contact. Communication has been delivered through presentations at Town Hall Meetings, employee newsletters, CARES brochures, video presentations, and presentations at local VSO meetings. Initial input from key stakeholders primarily revolved around the source and integrity of data upon which any decisions regarding reallocation of capital assets would be made. Communication with external stakeholders, including VSO's, Affiliates, community health care officials, and Congressional representatives has been done throughout this time period at meetings, personal presentations, and provision of CARES informational packets. Because the Dole VAMC is one of the Medical Facilities that has experienced significant growth while keeping costs of care and staffing to a minimum, with more growth projected, concern with closure, jobs loss, were not of negative impact of the CARES initiative at this facility. As the CARES market plans were developed, the resulting data showed that the Dole VA would be one of the Medical Facilities that needed to expand to meet future growth needs and access to medical care. As such, CARES is perceived positively at this facility. As a result, the input from key stakeholders at the Dole VA has been minimal, and positive. Comments received from stakeholders supported the concept of providing access and medical services to veterans when and where they needed the services. No changes in Market operations were necessary based on key stakeholder input, with no impact on CARES criteria anticipated.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

No Impact

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Western Market is a highly rural region of Kansas covering 400 miles from east to west with bordering states of Oklahoma, Nebraska, Colorado, and Texas. The Western Market consists of 59 counties in western, central, southern, and eastern Kansas. Of the 59 counties in the Market, twenty-four are designated highly rural, thirty-four rural and one urban. There is one VA Medical and Regional Office Center in the Western Market located in Wichita, Kansas. The Robert J. Dole VA Medical and Regional Office Center is located on 43 acres in the center of Wichita. The medical center provides primary and secondary healthcare services with the adjoining regional office affording our veterans one stop care. The medical center is a medical resident teaching hospital with a strong affiliation with the University Kansas School of Medicine at Wichita. Community Based Outpatient Clinics (CBOCs) located in the Western Market include: Liberal, Dodge City, Hays, Salina, and Parsons Kansas. All CBOC's are located at least 100 highway miles from the medical center. Geographic barriers, distance, travel time and current utilization patterns were considered when defining market lines. The Western Market has 41 hospital beds, 40 nursing home beds, and two State Soldiers Homes in close proximity to the medical center.

Primary Care : 60% growth in primary care workload is forecasted from 2001 to 2012 and a 35% increase in primary care services is projected for the period between 2001 and 2022. To address the increases, it is proposed to increase the capacity at the five existing CBOC's, and establish a new CBOC in Hutchinson, Kansas in the year 2008. Opportunities exist to reallocate existing space at the medical center for expanded primary care use, but facility capacity is insufficient to address the majority of the forecasted demand. New construction of examination and treatment rooms at the medical center will complement the means of meeting the projected increase in primary care clinic stops in the Western Market. Affiliate opportunities or sharing agreements with Department of Defense (DoD) are not viable alternatives to address the expected increases at this time.

Specialty Care: There is a projected specialty care workload demand significantly beyond the current capacity of the Robert J. Dole Medical & Regional Office Center. The Western Market has forecasted demand that projects a 188 percent increase in outpatient specialty care workload by 2012 and has a 156 percent increase in 2022. The large volume of the forecasted demand far outstrips current

in-house capacity and space to provide the needed services. The remote location of the demand also is challenged by geographic access concerns. Further complicating the matter, the medical center has significant space shortfalls currently. The market will pursue a combination strategy that uses both in-house services and contract/fee services to address the forecasted demand. Specialty services will be expanded at the medical center by a using a combination of new construction and contract services. A $2.7 million minor construction project to consolidate existing specialty care clinics into one existing building at the medical center will be completed in FY 2004. In addition, a future capital construction project is planned to prepare for and meet the projected workload demands.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

VISN 15 is planning on establishing a new CBOC in Hutchinson, Kansas as a subsidiary of the Wichita VAMROC. The CBOC is planned for 2008. No other new facilities are proposed for this Market at this time. NOTE: This CBOC has not been added as a new facility in the IBM Market Planning application.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**56%**	11,789	**64%**	9,806	**66%**	8,130
Hospital Care	**60%**	10,718	**65%**	9,534	**67%**	7,891
Tertiary Care	**87%**	3,483	**91%**	2,452	**92%**	1,913

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Wichita

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

The volume of workload dramatically increases from the baseline year of 56,385 clinical stops to 76,091 clinical stops for the year 2022 for primary care at the Wichita VAM&ROC. Similarly, the workload for specialty care is projected to increase by 156% by the year 2002.

A review of planned initiatives with officials at McConnell Air Force Base took place in November of 2002. Colonel Thomas Hall, Commander of Medical Support Squadron was contacted regarding CARES. It was the position of DOD that there was little impact on the future mission of McConnell Air Force Base at that time.

A DOD Sharing Agreement with McConnell Air Force Base was recently signed which provides clinical examination space for DOD in times of emergency. In addition, the Robert J. Dole VAM& ROC will provide daily primary care appointments to the military and beneficiaries. The CARES Planning Initiatives could result in further collaboration with DOD in developing expanding sharing agreements, and McConnell Air Force officials are open to continued dialogue for future endeavors.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	13,142	4,051	13,143	4,052	-	-	-	-	-	-	13,143	$ 15,627,834
Surgery	4,199	1,187	4,199	1,187	-	-	-	-	-	-	4,199	$ 29,155,786
Intermediate/NHCU	45,876	-	45,876	-	33,490	-	-	-	-	-	12,386	$ -
Psychiatry	1,280	634	210	(436)	-	-	210	-	-	-	-	$ 10,429,590
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**64,497**	**5,872**	**63,428**	**4,803**	**33,490**	**-**	**210**	**-**	**-**	**-**	**29,728**	**$ 55,213,210**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	90,319	33,935	90,319	33,936	6,323	-	-	-	-	-	83,996	$ (1,902,634)
Specialty Care	97,932	63,920	97,932	63,920	13,767	-	-	-	-	-	84,165	$ (20,392,742)
Mental Health	27,061	465	27,061	465	-	-	-	-	-	-	27,061	$ (6,845,480)
Ancillary & Diagnostics	113,770	52,128	113,771	52,129	5,989	-	-	-	-	-	107,782	$ (16,470,496)
Total	**329,082**	**150,448**	**329,083**	**150,449**	**26,079**	**-**	**-**	**-**	**-**	**-**	**303,004**	**$ (45,611,352)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)											
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Medicine	24,330	13,044	27,337	16,051	11,286	10,573	-	-	-	-	21,859	(5,478)
Surgery	7,348	1,428	10,498	4,578	5,920	2,450	-	-	-	-	8,370	(2,128)
Intermediate Care/NHCU	24,836	-	26,878	2,042	24,836	-	-	-	-	-	24,836	(2,042)
Psychiatry	1,493	1,493	-	-	-	-	-	-	-	-	-	-
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**58,008**	**15,966**	**64,713**	**22,671**	**42,042**	**13,023**	**-**	**-**	**-**	**-**	**55,065**	**(9,648)**
	Space (GSF) (from demand projections)											
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Primary Care	50,398	37,278	50,398	37,278	13,120	-	28,165	-	14,500	-	55,785	5,387
Specialty Care	138,966	95,514	138,872	95,420	43,452	-	65,000	-	-	-	108,452	(30,420)
Mental Health	14,288	4,377	14,884	4,973	9,911	4,800	-	-	-	-	14,711	(173)
Ancillary and Diagnostics	78,900	56,757	78,681	56,538	22,143	-	73,775	-	-	-	95,918	17,237
Total	**282,552**	**193,926**	**282,835**	**194,209**	**88,626**	**4,800**	**166,940**	**-**	**14,500**	**-**	**274,866**	**(7,969)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	282,664	174,093	108,571	-	108,571	-	-	-	-	-	108,571	-
Other	13,572	-	13,572	-	13,572	-	-	-	-	-	13,572	-
Total	**296,236**	**174,093**	**122,143**	**-**	**122,143**	**-**	**-**	**-**	**-**	**-**	**122,143**	**-**